Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) I director. Page or your files. . COUNTY b. COUNTY e. STATE ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) for your write RURAL end give neerest lown) 8-8-60 Washington Taurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS S RESIDENCE ON A FARM? Children's Center 11:27 Montello Avenue. YES NOF NAME OF Middle DATE DECEASED with the March 2le Conrad Arnold Anderson 1961 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X S. SEX 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with XX MEDICAL EXAMINER: This certificate should be executed within 24 hours after decentificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may RAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 witignated agent, prior to burial, cremation, or removal, and in any event within 72 hours is lest birthdey) Male WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) II-S.A. Student D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Connie Bristow Joseph Anderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werer detesofservice) Children's Center File, Laurel, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Third Degree Burns Sudden IMMEDIATE CAUSE (a) **DUE TO** All life Epilepsy Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b): 19. WAS AUTOPSY PERFORMED? NO K CERTIFICA 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) PRIMARY IN or CONTRIBUTING Exposure to live steam (he broke the heating pipe) CAUSE OF DEATH. 20d. INJURY OCCURRED + 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Month, Dev. Year (County) fectory, street, office bldg., etc.) while Not While fectory, street, office of work of work Institution Laurel, Anne Arundel, Maryland 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry XI. and in my opinion Accident X Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER T 3/21/61DATE SIGNED designated ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Gustave H. Faubert, M.D. Glen Burnie, Maryland NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d NOCATION (City, fown, or country) 40 VS. AISME arthur S. Kraus 5M 7/59 28 6

MARYLAND STATE DEPARTMENT OF HEALTH

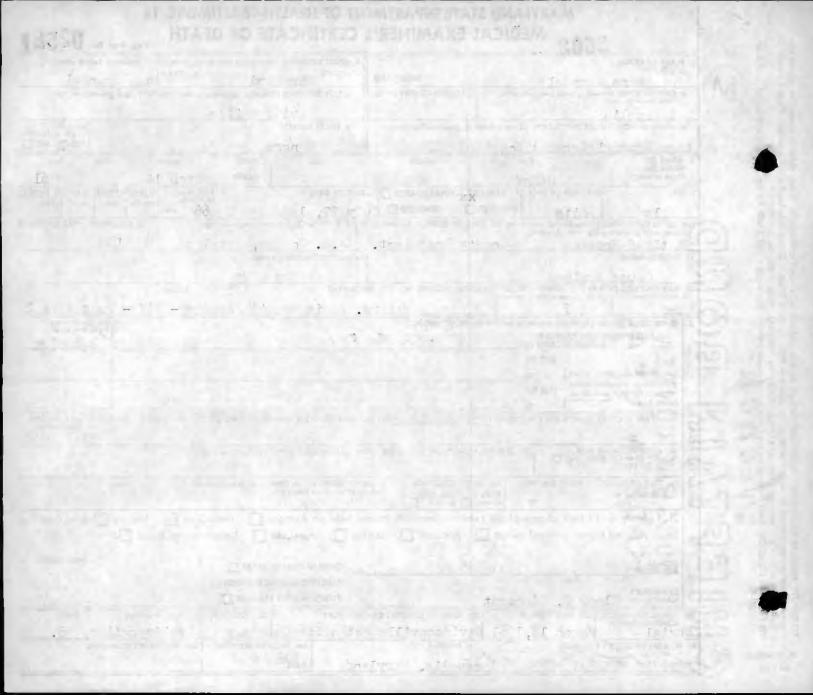
AT SAUTH SET WE HAVE SHE WANT SHE IN CAME TO THE REAL PROPERTY. well-limit allowed heady-completely and the part of a baseful of 4,87,41 (and specifical solutions) and will as represent to the second state of the second sec The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2602 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 02581

a. COUNTY 0. STATE -						O. STATE	STATE Maryland b. COUNTY Anna Arundel				
	Ь	. CITY OR TOWN (II	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
		Annapolis				A Devrid	sonvil	70			
6	d			If not in hosp	ital, give street address)	d. STREET ADDRESS	DOTTA T	7.6			RESIDENCE
1				~ *		1					NO D
			al General			non					-
		NAME OF DECEASED	Fis		Middle	Lost	4. DATE OF	Mont		Day	Year
		Type or print}	HARR		ARMIGER		DEATH	March			19 61
	5. S	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED 8.	DATE OF SIRTH		9. AGE (In years lest birthday)	Months Day		Min.
		Male	White	WIDOWED	DIVORCED 1	lv 27. 1894		66 ym.	Months Day	s Hours	Atin.
	100	USUAL OCCUPATION		done 10b. Kl	NO OF BUSINESS OR INDUST	11. BIRTHPLACE (Stote	or foreign c	country)	12. CITIZEN	OF WHA	T COUNTRY?
		Retired Fo			ty Road Dept.	A.A. Coun	to Me	bu elva	US	Δ	
		FATHER'S NAME	A Guan	pour	109 10080 DODOS	14. MOTHER'S MAIDEN		is y see and	1 00	44	
-											
-/	14		Armiger ER IN U. S. ARMED FO	oceen ly a	OCIAL SECURITY NO. 117. IN	Martha	Towe				
		no, or unknown)	(If yet, give wor or dates of		1 110 1000			Address			
		Yes	WW I	-KI	6-42-6000 Mrs	. Annie Asq	uith &	rmiger-			
-	1	18. CAUSE OF DEA	TH Enler only one co	se per line f	or (0), (b), and (c).]					NTERVAL BETY	VEEN
		PART I. DEAT	H WAS CAUSED BY:		(MI M	M				110	110
-		434 DUE TO									
		C-100-7		-							
		Conditions, if a	digle coure								
		(a), stating the	underlying DUE TO								
33		cause last.) (c								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA									VEN IN PART 1(ORMED?
>	3	2								YES 🔲	NO 🗌
	CERTIFICATION	20g. EXTERNAL CAL	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Par	I f or Part II	of item 18.)			
	GE	CAUSE OF DEATH.	NIKIBUTING LI								
	3	20c. TIME OF INJU	RY Month, Day, Ye	pr 20d. II	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, farm	n, i 20f. (City	y or lown)	(Caunty	}	(State)
	MEDICAL	Hour a. m.	19	White		ry, street, office bldg., etc	-)		/		
	E	p. m.			k at work				/		
		21. I certify if	not I teok charge	of the r	emains described above	e, held an Autops	у,	nspection 📆	Inquiry	, and	find that
		death resulted	from: Natural	causes	Accident , Suice	ide 🔲, Homicide	, U	ndetermined (cause .		
1			4%	1/	- //						
3		SIGNATURE	Ven	Shall	NI	M.D. CHIEF MEDICAL ET	XAMINER			DATE	REMED
-	4		/ /			ASSISTANT MEDIC	AL EXAMINE	R		1	:/ .
		EXAMINER'S NAME (Type) E	lmer G. Lin	hardt		DEPUTY MEDICAL	EXAMINER T	OY.	3/	Inl	161
3	220		IN, 226. DATE THEREC		22c. NAME OF CEMETERY OR			TION (City, lawn,	or coulers	ISto	otal .
1	_	REMOVAL (Specify)	March 18		Davidsonville				dsonvil		
1.4	_	urial BUNERAL DIRECTOR		TAOT	ADDRESS		D BY REGIST		STRAR'S SIGNA		u.
0	-	Hora L	- July	any of		LIAD	2 0 '61		us S. Krai		
1	H	OPPING FU	NERAL HOME	An	napolis. Maryl	and DATE	W O OI		2.		

VS. A15ME(5) 5M 9/55



O HO. PITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death the 4 may be retained by the hospital or attending physician.

O FU ARAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OH OO HOO 12 (4)

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NEW 4/20 (4)

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MADVIAND STATE DEDADTMENT OF HEALTH

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IVISION OF	STATISTICAL RESEA	ARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
	2603	CERTIFICATE	OF DEATH	STREET, BALTIMORE 1, MARYLAND 0258

a. COUNTY	e. STATE b, COUNTY
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporata limits, write RURAL end give neerest lown) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Dead on Arrival)	d. STREET ADDRESS ON A FARM?
Anne Arundel General Hospital	20 Woodlawn Ave., YES NO X
3. NAME OF First Middla Middla	Lest 4. DATE Month Dey Year
(Type or print) Eliza J	BASSFORD DEATH March 28 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. tash birthday) Manathel Days House Min
Female White WIDOWED N DIVORCED M	arch 7, 1885 76 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if refired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife own Home	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Aisquith	Mary Ireland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
47	James A. Bassford- Son- Same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Atte (best Kaffite)-
434.4 DUE TO 1	
Conditions, if any, which a 16) My Cardin	~)
gave rise to immadiate ceuse	
(e), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
DIA	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]] 20b. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Part I or Part II of itam 18.)
Hour a.m. WhilaNot Whila fact	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, straat, offica bldg., etc.)
7 7	1 00 75
21. I certify that (I) (DECEMBER 2) attended the deceased from	June 24, 19.59 to Mar. 28, 19.61, that (1) (100) last
saw the deceased alive on	death occured atM, from the causes and on the date stated above.
220. Stanton Liverson M	ATTENDING 10 10 P.M. STAFF DIRECTOR PHYS. 22b DATE STAFF PHYS. 22b DATE STAFF STAFF STAFF
22c, PHYSICIAN'S NAME (Type) and the Type	22d. ADDRESS
Anderson Albert L. Anderson	44 Southgate A.e., Annapolis, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Burial March 31, 1961 Cedar Bluf	
24 FUNT AL DIRECTOR'S SUBJECTIVES ADDRESS	25% REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Hopping Funeral Home Annapolis, Md.	DATE APR 3 '61 Cirther S. Kines

of the supple 16 - 15 Out

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the haspital or attending physician.

ALDIRECTOR: After this certificate has been signed by the attending physician and campletely filling the detached for use as the burial-transit normit. Then please remove carbon papers. Pagel

by the funeral director,

s ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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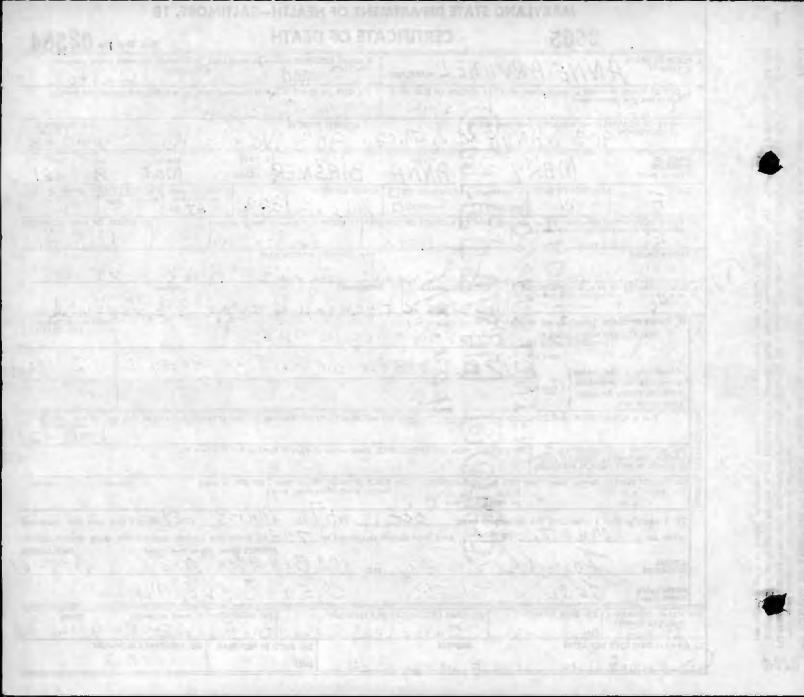
4	1911/14				Keg. Dist	. No.
O. COUNTY Anne Am	ındel	MARYLAND	2. USUAL RESIDENCE (WO o. STATE Marylar	b (COUNTY .	e before admission) Arundel
b. CITY OR TOWN (If outside cor RURAL and give nearest town) Annapolis, Ma		c. LENGTH OF STAY IN 16	Annapolis.	outside corporate limits		
d. NAME OF HOSPITAL (If not in OR INSTITUTION USNH			d STREET ADDRESS	Gloucester	Street	. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF DECEASED (Type or print) Eliza	First abeth R	Middle ea Benson	Lost	4. DATE OF DEATH	Month March	Day Year
5. SEX 6. COLOR Female Cauc		IED X NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 11-29-89	9. AGE (10st b) 71 70	In years IF UNDER 1	YEAR IF UNDER 24 HRS. Days Haurs Min,
10a. USUAL OCCUPATION (Give kin during most of working life, eve House Wife	d af work done n if retired)	KIND OF BUSINESS OR IND	Californ	nia		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alex Thompson			14. MOTHER'S MAIDEN I	y Bernard		
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16.	A	HOWard H 9 (Benson	Address	2)
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) R)		Valve. disease inac without evid			iency 10 yrs
CV			UT NOT RELATED TO THE TERM			1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OF DEATH	TRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II af item	· 18.J	
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. It 19 White at wark	Not while	PLACE OF INJURY (Home, farm actory, street, affice bldg., etc	20f. (City or town)	(Cc	aunty) (State)
21. I certify that I after alive an 10 MAR ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R. G. W.	liams		h occurred a 1210	MAR M, from the co ADDRESS (Street, city of L HOSPITAL	ouses and an the	DATE SIGNED
BREMOVAL (Specify) 3-	TE THEREOF 14-1961	Crlington	national	22d. LOCATION (City	noton	State
23. FUNERAL DIRECTOR'S SIGNATUR		Comp	olis Me 240. REC'	D BY REGISTRAR 24	ib. REGISTRAR'S SIGI	MATURE Krauk

rem registrar prior to hurial, cremotion, or removal, and in any event willin 72 hours after death.

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2605 CERTIFICATE OF DEATH Reg. Dist. No. 12584 filed with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY death. funeral pe b. CITY OR TOWN (If putside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give pearest town) should d. NAME OF HOSPITAL (If not in hospita), give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? within 24 haurs YES NO M NAME OF DATE Month Day Year DECEASED OF Mari DEATH 1961 (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last bigthday) Months Days Hours WIDOWED [DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12: CITIZEN OF WHAT COUNTRY? carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 72 attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. Conditions, if any, gove rise to immediate DUE TO coese (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO . 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 50 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (State) cremati foctory, street, office bldg., etc.) Q. M. While Nat while of work at work p. m. 21. I certify that attended the deceased fram alive an **EM**, from the causes and on the date stated above. and that death occurred at 7 DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ъ HOSPITAL ror PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF TO FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23... FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55 arthur S. House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) a COUNTY a STATE b. COUNTY MARYLAND the funeral a after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corposole limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO [7] 4. DATE NAME OF Middle Month Year Day DECEASED DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours Dec.11,1889 DIVORCED WIDOWED [7] USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1)1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME j. 5 certificate t within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO attending 130078 18 CAUSE OF DEATH [Enter only one cause par Jine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) ģ Conditions, if any, which gned gave rise to immediate **DUE TO** cause (a), stating the under lying cause last. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY attending physi certificate has be e as the buriol-tr PERFORMED? crematian YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (County) (Stale) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work p. m. 21 I certify that (1) (this haspital) attended the deceased from March 3 196 /., that (I) (we)-last 19.6/ and that death accurred at saw the deceased alive an AM, fram the causes and an the date stated above. pined by the DIRECTOR: 220. SIGNATURE SIGNED M.D. PHYS MED DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS E Place HOSPITAL O FUN 23a BUR AL, CREMATION 23b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. ŁOCATION (City, town, or county) (State) REMOVAL (Specify) 0 256 REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) arthur & Krous DATE 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYES CERTIFICATE OF DEATH 2608 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) e. COUNTY **b.** COUNTY Anne Arundel MARYLAND Wicomico b. CITY OR TOWN (if outside corporate lim ts. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs'de corporete l'mits, write RURAL end give neerest town) wr to RURAL and give nearest lown) Crownsville mos. 28 days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS a. IS RES DENCE ON A FARM? Crownsville State Hospital 618 West Isabella Street YES NO 3. NAME OF DATE Year Middle DECEASED OF Sarah L. DEATH (Type or print) Burris 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF JNDER 24 HRS. last bighdey) Months Davs Hours Femal . Negro WIDOWED -DIVORCED | 1909 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY ; 11, & R HPLACE (County & State, or fore on country) done during most of working life, even if retired) Unemployed U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Irving S. Parsons Mattie Daniels 13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyesgivewerordetesofservice) 218 34 7719 Address Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),[INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Congestive Heart Failure IMMEDIATE CAUSE (6) DUE TO Myocardial Infarction Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), sletting the underlying Hypertensive and Arteriosclerotic Cardiovascular Disease PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TAMINAL DISEASE CONDITION GIVEN IN PART 1, all 19. WAS AUTOPSY PERFORMED? TO NO 1 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part I of Item 18.) 206, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. NJURY OCCURRED (20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour em el work el work saw the deceased alive on. a.M. 22b. DATE S GNATUR ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICI NAME Hildegard Heard Reissman, M. D. Crownsville State Hospital, Maryland 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 236. BUR AL, CREMATION, 236. DATE THEREOF [Stete] MOVAL (Specify) COREEN 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS Clathur & House Sbury

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DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND 2609 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before edimission) a. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete amits, write RURAL and give neerest town) write RURAL and give neerest town) Tacomo Park Crownsville 10 mos.20 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 300 Vine Street Crownsville State Hospital NAME OF Middle DATE DECEASED OF Thomas Byrd (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED S. SEX 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months Male WIDOWED [59yrs. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stale, or foreign country) done during most of working life, even if retired) Unknown Roofer Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Thomas Byrd Svlvia ? Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address oval (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) No Hospital Records the 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)) ģ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO peen gave rise to immediate causa DUF TO (e), steting the underlying cause last. PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, MAL DISEASE CONDITION GIVEN IN PART 11:1 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 0 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year _fectory, street, office bldg , etc.) و رطالاساملال at work DIRECTOR 21. I certify that (I) (this hospita) attended the deceased from...4/27. saw the deceased alive on . . 19...., and that death occured at 4.20%, from the causes and on the date stated above 22a. S GNATURE ATTENDING MED. STAFF PHYS. 1C PHYS. DIRECTOR MAL 22d ADDRESS PHYSICIAN'S Reissmann, M.D. Crownsville State Hospital, Varyland 123c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or Agunty) 23a. BUR AL, CREMATION, 23b. F 三 1 di 0 25. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S **VR A15 (4)**

MARYLAND STATE DEPARTMENT OF HEALTH

15M 9/60

e. IS RESIDENCE ON A FARM?

YES NO X

IF JNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

225. DATE

(State)

SIGNED

112, CITIZEN OF WHAT COUNTRY?

Montgomery

Devs

U.S.A.

(County)

arthur of Krous



TO FUN

VR A1S (4) 1SM 9/59

4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2610

2 + 5 h

02589

1) PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (When	re deceased lived If institution Residence	e before admission)				
	Anne Arundel	MARYLAND	o. STATE Maryland	Anne Arunde	1				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RURAL and g	ive nearest town)				
	Fort George G. Meade d. NAME OF HOSPITAL (If not in haspital, give street or		X Fort Georg	re G. Meade					
	d. NAME OF HOSPITAL (If not in haspital, give street or OR INSTITUTION	ddressj	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1	United States Army Hospit	tal	Quarters #	7639-A	YES NO 🔀				
	3. NAME OF Picst DECEASED	Middle	Last	4. DATE Month	Day Year				
	(Type or print) PATRICIA	JEANNETTE	BYRNES	DEATH MARCH	8 1961				
			B. DATE OF BIRTH 1:12		I YEAR IF UNDER 24 HRS				
	Female Cau WIDOWER	N/AWORCED	8 March 1961		Days Hours Min				
	10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	foreign country) 12 CITI2	ZEN OF WHAT COUNTRY?				
	and the state of t	_	Maryland	U	ISA				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
1	Robert Byrnes		Lorraine Ca	id oret te					
J	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17, IN	FORMANT	Address					
	fire or organization (it has distance or service)	- Fa	ther Qtrs 76	639-A Ft Geo C. Mea	ide, Md.				
	1B CAUSE OF DEATH [Enter only one couse per line	a far (a), (b), and (c).]			INTERVAL BETWEEN				
	PART I DEATH WAS CAUSED BY Possible brain damage								
	DUE TO		-						
	Conditions, if ony, which) (b) Fre	ank Breech Del	ivery						
	gove rise to immediate								
	lying cause lost.								
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED?				
	E .				YES A NO				
	PART II OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	Enter noture of injury in Pa	irt (or Port II of item 18)					
,	2	4	ACE OF INJURY (Hame, form, tory, street, office bldg., etc.)	20f (City or fown) {C	(State)				
O _{OBb}	Hour o m. p. m. 19 of work	1901 White	nory, arear, orrice brugs, etc.,						
	21. I certify that (I) (ISSE ASSESSED Cattender	ed the deceased from I	:12 PM 8 Mary 6	51 to 2:20 PM 8 Mar	61that (I) (36) last				
	saw the deceased alive an 8 Mar 61			A, Pam the causes and on the	. ,				
	220 SIGNATURE				22b, DATE				
	Hermon L. Koren	sera Cust W	M.D PHYS DIRE	STAFF PHYS 2	Mar 61 SIGNED				
	22c. PHYSICIAN'S NAME (Type)	7)	22d. ADDRESS						
	HERMAN T. ROSENBERG	Capt. M.C.	USA Hosp	Ft Geo G. Meade, N	M				
	23g BURIAL, CREMATION, 23b, DATE THEREOF	224 NAME OF CEMETERY O	R CREMATORY 2	23d LOYATION (City town, or county)	Ca (State)				
	Burial March 11.1961	buth side	Cathalic Cem	allegheny Co.	Maryland				
	24 SUNERAL DIRECTOR'S AIGNATURE	ADDRESS A MA		BY REGISTRAN 256 REG STRAR'S SIC					
	NeWitt Wonaldson o	Land M	anyland DATE	AR 1 4 61 Chillen.	I. Thate				
	3		//						



CERTIFICATE OF DEATH funeral PLACE OF DEATH a. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside co. write RURAC and give pearest town lled in l Pages aff d. NAME OF HOSPITAL OR INSTITUTION executed 3. NAME OF A. OF сотр DEATH (Type or print) CAMPBELL Ursula Hook carbon 16. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH and last birthday) WIDOWED TO DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) 13. FATHER'S NAME aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (ifyesq.vewerordetasofservice) 18. CAUSE OF DEATH [Enter only one cause per ime for (e) (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ehr, which (b) gove rise to immediate cause DUE TO (a), steting the underlying cause lest. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH certificat 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of murry in Pert I or Pert I of item 18.) OR CONTRIBUTING CAUSE OF DEATH After 2Dc. TIME OF INJURY 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year factory, street, office bldg., atc.) Not While While Hour a.m. et work at work DIRECTOR attended the deceased from..... (i) (th)s hospital) ., and that death occured at. O. saw the deceased alive SIGNAIN ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d, ADDRESS 22c. PNYSICIAN'S NAME (Type) Stuart Christhilf 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR 23c. death. EMOVAL (Specify) の着器 24 JUNERAL DIRECTION'S SIGNATURE VR A15 (4)

15M 9/60

STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decesed lived, If institution, Residence before ve nearest lown) . IS RESIDENCE ON A FARM? NO V 19 9. AGE (In years | IF UNDER 1 YEAR JE UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH WAS AUTOPSY PERFORMED? NO (County) (State) from the causes and on the date stated above 22b. DATE SIGNED Franklin St., Annapolis, Md. 23d. LOCATION (City, town or county) (Stata) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 1 4 '61 DATE



after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



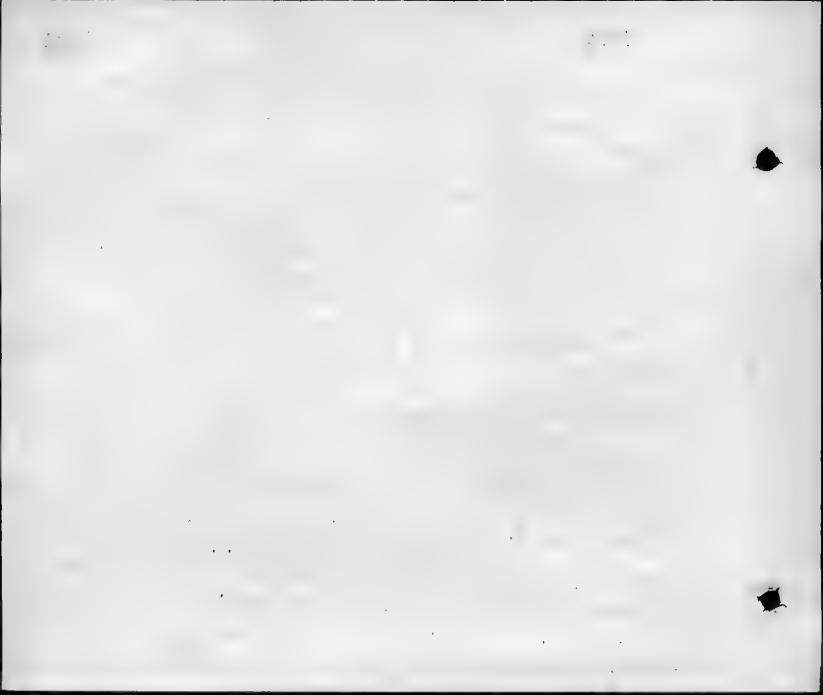
CERTIFICATE OF DEATH 2613PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE **b.** COUNTY Anne Arundel MARYLAND 電公子 Maryland Baltimore City by the and death b. CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside corporate limits, wr'te RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearast town) Baltimore Trownsville 19 days E- 6 7mo. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 27 N. Carey Street Crownsville State Hospital YES NO 3. NAME OF Middla 4. DATE Month DECEASED OF comple par (Typa or print) Garrison DEATH Cummings 196] and col 6. COLOR OR RACE 7, MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months Days Hours Male. Negro WIDOWED T DIVORCED [YES. physician 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Maryland U.S.A. Waiter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending John Cummings Elizabeth ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no. or unkown) | (Ifvesgivawarordatesofservice) Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Paralytic Ileus IMMEDIATE CAUSE (a) DUE TO Incarcerated Inguinal Hernia Conditions, if any, which gava risa lo immadiale causa DUE TO (a), slating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Advanced Arteriosclerotic Cardiovascular Disease with old myocardial NO F 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of item 18.)
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, form, (stata) 20f. (City or town) (County) factory, streat, office bldg., atc.) While Not While at work Hour m.m. saw the deceased alive on...3/4/ ATTENDING 61 STAFF 16 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSIC AN'S Ildegard Heard Reissman, M. D. Crownsville State Hospital. Md. 1 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. (Stata) deat. REMOVAL (Spacify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 [4] Christan Sand DATE MAR 9 15M 9/60 Circhar S. Firmers

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH COUNTY ANne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admit a. STATE MAryland Anne Arundel

ı	a. COUNTY a. STATE 26 A 2 - 3 B, COUNTY b. COUNTY a. STATE 26 A 2 - 3 B, COUNTY
ı	ANne Arundel MARYLAND MARYLAND MARYLAND Anne ARundel
ı	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
ı	Annapolis 8 days RURAL - CHurchton
ı	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address, o. is residence ON A FARM?
Ì	ANne Arundel General Hospital
ı	3. NAME OF Frst Middle Last 4. DATE Month Day Year DECEASED OF
Į	(Type or print) Melvin DASHIELLS DEATH MArch 25 1961
ı	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
ı	MAle NEGro WIDOWED DIVORCED September 15, 1912 48 vs Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	Later MARyland U.S.
ı	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ı	Derry Lanello Macklin Karil
ı	TS WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no.)or)unlown) (fyesgivawarordatesofservica)
ı	212-144-026 Nezcihazhiela Chievatir (1)/((.
ı	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)] [INTERVAL BETWEEN ONSET AND DEATH [ONSET AND
١	PART I. DEATH WAS CAUSED BY. MARCHAN OF Pancreas C metastases 18 months
	57X DUE TO
	Conditions, if any, which (b)
	geva risa to immadiata causa
	(a), stailing the undarlying couse lest.
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ļ	PERFORMED? YES X NO
į	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUROPED. PERFORMED? YES NO O OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TABLE CAUSE OF TABLE CAUSE
1	OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. p.m. 19 at work at work
	21. I certify that (I) (thicknessical) attended the deceased from MAr. 17.,, 19.61 to Mar. 25.,, 19.61, that (I) (NOX) last
	saw the deceased alive on. Mar. 25, 1961., and that death occured at
	22b. SIGNATURE 22b. DATE
	Gyllard T: Smith M.D. ATTENDING MED. STAFF PHYS. 3/27/61 SIGNED
ŀ	22c PHYSICIAN'S 22d. ADDRESS
	NAME (Type) Willard SMith SHadyside, Md.
	AND CONTRACT OF THE PROPERTY O
	23a, BURIAL, CREMATION, 23b DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, jown or county) (State)
	REMOVAL (Specify) 3-30-1961 Mte State of Charles of Country Marion Station (City, low) or country (State)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law require that the death certificate be exemeted within 14 heurs after death 1. Page 4 may be retained by the hospital or attending physician.

ALL DIRECTOR: After this certificate has been signed by the attending physician and completed the filled in by the funeral direct. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH								
	DIVISION OF STATISTICAL RESEAT	RCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMO	RE 1, MARYLAND ,				
	2615 _I	tem / Film G	E OF DEATH	1 iwk	02595				
	ACE OF DEATH				nstitutions Residence before edmission)				
	Anne Arundel	MARYLAND		land	Anne Arundel				
r t	CITY OR TOWN (if outs de corporele amits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 15	C TY OR TOWN (IF	outside corporete limits, write	RURAL and give neerest town)				
	Annapolis	3 days		_ Crownsville	14 45				
1.	NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		IS RESIDENCE ON A FARM?				
An	Arundel General Hespit	Middle	Lost	4. DATE Month	Dey Yeer				
1	ECEASED	T)		OF					
5.	WILLIAM	.D.	DAWSON	Flatfett	15 19 61 IF UNDER 1 YEAR IF JNDER 24 HRS.				
	le White WIGON	data waskie		[ast birthdey]	Months Days Hours Min.				
		DIVORCED L	ecember 25, I	L884 76 ym.	1 12. CITIZEN OF WHAT COUNTRY?				
don	LABORER R	-4	Virginia	, , ,	U.S.				
13.	ATHER'S NAME	Z1	14. MOTHER'S MAIDEN N	NAME	~				
	" (Luk"		"U	a) K'					
15.	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. S no, or unknown) [(Ifyesgive-werordatesofservice)]	OCIAL SECURITY NO. 17.	NFORMANT	Address	-11-				
(103	(il yes give werer dates of service)	Ho	WARD B. J	DAWSON	# 2_				
Ī	B. CAUSE OF DEATH [Enter on y one couse per in	e for (e), (b,, end (c)]	111	/ /	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: Mar.	seve Sonto	entestruel	hemorrhay	C 3 Ca_				
	11'V DUE TO	0 - 6.0		đ	1 2 1				
	Conditions, if eny, which (b)	deval Ill	cer		1 Lwkic				
	e), stelling the underlying DUE TO				1				
	euse lest. (c)								
힏	PART I, OTHER SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH 807 NO	OF RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	PERFORMED?				
₽.	00. ACCIDENT WAS UNDERLYING 1206. DESC	RIBE HOW INJURY OCCURED	(Entra natura of the control of the	and I as Bank II of stars 18 h	YES NO [
22	F EITHER, NOTIFY MEDICAL EXAMINER	KIBE HOW INJURY OCCURED	, it is the contract of the co	eni (or rem ii or i em 15.)					
- إيرا		JURY OCCURRED , 20e, PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County, (Stete)				
WEDIC/	Hour e.m. While	Not While feet	ory, street, office bldg., etc.)		, , , , , , , , , , , , , , , , , , , ,				
1 1	p.m. 19 et work		Mar. 12. 1	061 to Mar. 15	19.67 that (I) 5000 last				
	aw the deceased alive onMar. I								
	Ze. SIGNATURES	7	10:3	O P.M.	22b. DATE				
	Aldone & L	elin m		ED. STAFF RECTOR PHYS.	SIGNED				
	22. PHYSICIAN'S NAME (Type) The change of The Theory		22d. ADDRESS						
	Richard N. Feele			iral St., Annaj	The same of the sa				
23e.	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d, LOCATION (City, tow	n or county) (Stelle)				
	4RIAL 3-18-61	DAKOWIN ME	MORIAL	CROWNSUL	LLE /JD				
(2)	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	mad 250. REC	IAR 2 0 61	ISTRAR'S SIGNATURE				
(mil Joylor + oons O	mayous,	TVCV - DATE						

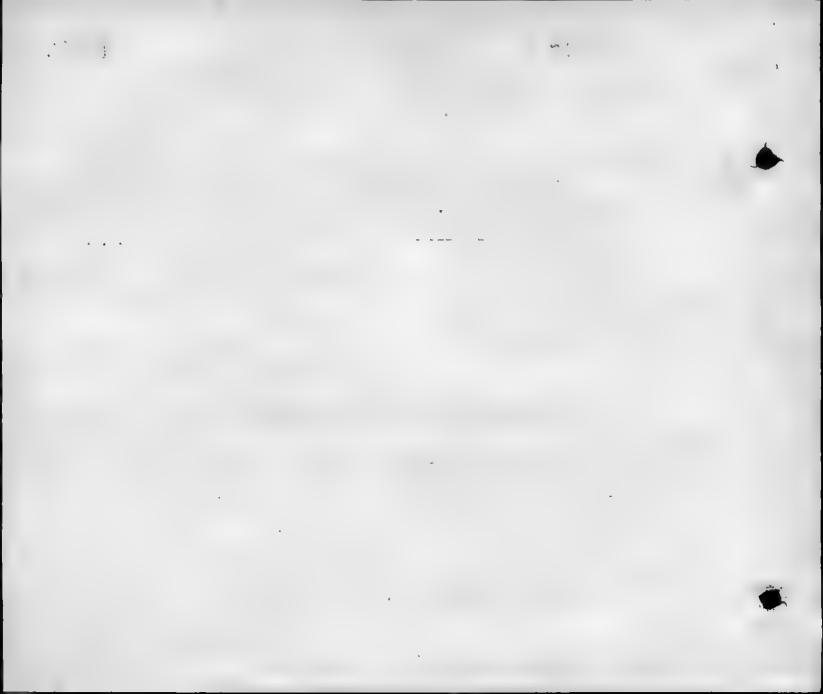


1	Ιt	er 21 Film 265 3-2 MARYLAND STATE DEPARTMENT OF HEALTH
07077		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		2616 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALIN DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution; Residence before admission) 5. COUNTY 6. STATE 6. COUNTY 7. TOTAL RESIDENCE (Where decessed lived, if Institution; Residence before admission)
Page les.		A. A. CO , MARYLAND
2	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
		Annapolis 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) 2. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)
Po Bo	20	ON A FARM?
trate ath.		NAME OF First Middle Last 4. DATE Month Day Year
The state of the s		Type or print) Ellis WARD Dillow DEATH 3 5 1961
中 5 3 年	s.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
S D S S		M WIDOWED DIVORCED 9-8-60 Septendey Months Deys Hours Min.
affer 2, 2, 2 2 had 2 h		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
Pag 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1		None Hone Dollings Md M. S. H.
M3. M3. Nage	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Sive Sive Tile F	- 10	WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address
for for		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unkown) (Ifyesgivewerordelesofservice)
with with any	١,	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c)]
in H in H ist in L		PART I, DEATH WAS CAUSED BY:
and	П	9240 Due to
L String of the	1 1	Conditions, if eny, which (b)
shows a b	Ш	gove rise to immediate couse (a), stating the underlying DUE TO
ndir ndir niner d as		cause lest. (e)
"pe "pe "pe use lion,	Z	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
is ce	CATION	YES NO.
he v hedi hould l, cn	CERTIFIC	20a EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Port I or Port II of From 18.)
NE for the form of		CAUSE OF DEATH. Blocket one subject 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm., 2Df. (City or town) (County) (Stele)
Chilling and the control of the cont	MEDICAL	Hour (8.m.) While Not While Sectory, street, office blog , etc.)
EX.	×	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
A TO THE TOTAL OF		death resulted from: Namal causes . Accident XI, Suicide . Homicide . Undetermined manner
NEC Byser		CHIEF MEDICAL EXAMINER
THE NOT DE		SIGNATURE MD ASSISTANT MEDICAL EXAMINER DATE SIGNED
Perut		EXAMINER'S E / h = //
de S.	20	NAME (Type) Address (Street, city, lown, or county) BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
में हैं हैं हैं हैं हैं हैं हैं हैं हैं है	220	DEMOVAL (Specify) 3 - n (C) . Well all my . A M.
5 4 6 9 J	23	
VS. A15ME		John M. Lay to Sino Chanapoles Md. DATE MAR 7 '61 Cirlus S. Knows
mans.	_	
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TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death Rage 4 may be retained by the hospital or attending physician. 2 TO FU RAL DIRECTOR: After this certificate has been signed by the attending physician and comply diffed in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page. Pages I and 2-stroud	De filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, without Anous after dealm.

MAR	YLAND STATE DE	PARTMENT OF	HEALTH		
DIVISION OF STATISTICAL RESEA			STREET, BAL	TIMORE 1, M	ARYLAND
2617	CERTIFICAT	E OF DEATH			02597 -
i. PLACE OF DEATH e. COUNTY Anne Arundel b. CITY OR IOWN (if autside corporete limits, write RURAL end gityn neerest lown) Crownsville	MARYLAND c. LENGTH OF STAY IN 16 2mo. 15 days	e. STATE Maryland c. CHY OK TOWN (I	if outside corporete lis	b. county Baltimor	Residence before edmiss on)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hi	ospitel, give street eddress)	d. STREET ADDRESS		3/	. IS RES DENCE
Crownsville State Hosp	ital	806 Shar	p Street		ON A FARM? YES NO [?]
3. NAME OF Burst Occased (Type or print) Clarence	Middle	Dixon	4. DATE OF DEATH	Month Z	27 19 61
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 1 8	. DATE OF BIRTH	,9. AGE	(In your , IF UNDER !	
Male Negro WIDOW	O a m	ugust 20, 190	04 56 6	yrs. Months	Days Hours Min.
10a. USLAL OCCUPATION (Grye kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR				TIZEN OF WHAT COUNTRY
Truck Driver 13. FATHER'S NAME		Maryland 14. Mother's Maiden		0	.S.A.
Charles Dixon		Georgianns	a ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16 (Yes, no, or unkown) (Ifyesgivewerordelesofservice)				Address	
		Hospital Reco	rds		I INTERVAL BETWEEN
18. CAUSE DEATH [Enter only one couse per	Cachexia				ONSET AND DEATH
IMMEDIATE CAUSE (e)	OCCUENTS				
Conditions, if eny, which [b]	Cancer Metasta	ases in Brain			1
geve rise to immediate cause (e), stating the underlying	Bronchogenic (Tomainama			
z PART II. OTHER SIGNIF CANT CONDITIONS CO	~		NAL DISEASE CONDIT	ION GIVEN IN PAR	Titel, 19. WAS AUTOPSY
PART II. OTHER SIGNIF CANT COND TIONS CO	4				PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b. DI	SCRIBE HOW NURY OCCURED	. (Enter neture of injury in f	Peri I or Pert II of Item	18.)	
Hour e.m. ——— Wh		CE OF INJURY (Home, ferm ory, street, office bldg., etc.		n) (Co.	uniy) (Stete)
21. I certify that (I) (this hospital) atte	nded the deceased from	1/12			61 , that (I) (we) last
saw the deceased alive on 3/27		death occured at.P.	M, from the	causes and on	the date stated above
HILDOTZIGOKIOQUAN	Kaim		MED. STA		22b. DATE SIGNED 3/28/61
PHYSICAN'S NAME (Type)		22d. ADDRESS			Marriand
Hildegard Heard	Reimsman, M. I	رشر ا		+	, Maryland
230. BUR AL, CREMATION, 235 DATE THEREOF	23c NAME OF CEMETERY	a Crematory	23d, LOCATION	(City, town or count	(Stele)
24 FUNERAL DIRECTOR'S SIGNATURE	- ADDRESS	250 REC	LDD to	256. REGISTRAR'S	
willia Millia	2-1.0	DATE DATE	APR 5 '61	- Citing	& true



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institution; Residence before edmission) a. COUNTY within 24 hours Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest town) write RURAL and give nearest town) Armapolis RURAL - Millersville 15 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Indian Landing Road Anne Arundel General Hospital 3. NAME OF 4. DATE Middle DECEASED (Type or print) Walter DEATH DOVE March 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED B. DATE OF BRTH 9. AGE (in years IF JNDER 1 YEAR IF JNDER 24 HRS. lest birthday) Months Days Male Whi te WIDOWED | DIVORCED 10e. USUAL OCCUPATION there kind of work done during most of working life, even if ratired) 10b. KIND OF BUS NESS OR INDUSTRY County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY please rem 13. FATHER'S NAME affending U.S. ARMED FORCES? SOCIAL SECURTY NO. 17 INFORMANT Address CAUSE OF DEATH [Emer only one cause per line for (e), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. [City or town] Not While factory, street, office bldg., etc.) Hour a.m. at work at work 22a. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAI Gerard Church 121 Cathedral St., Annapolis, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOI REMOVAL (Specify) FUNERALI DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 1 356, REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60 DATE MAR 2 8

a. IS RESIDENCE ON A FARM?

YES NO

PERFORMED? NO XX

(Steta)

SIGNED

U.S.

(County)



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

02599

	2014	CLICI	HIGAIL	OI DEA	***		U	700
o. COUNTINE A	rundel	M	ARYLAND 2,	usual residenc o. STATE 1 ary]	E (Where decease Land	d lived. If institution b. COUNTY	n: Residence befo	
Fort Georgia	If outside corporate limits, we exprest fown) e. G. Meade	rile c LENGTH OF S	. 3	E CITY OR TOWN	,	prote limits, write RI	JRAL and give ne	arest town)
OR INSTITUTION	tes Army Hospital			d. street adore				e. IS RESIDEN ON A FARI YES NO
NAME OF DECEASED (Type or print)	Franc		ddle	EGAN	4. DATE OF DEATH	MAR		
Male	6. COLOR OR RACE 7.		RCED B D	ATE OF BIRTH MCU 17-	1892	9 AGE (In years lost birthdoy)	Months Days	Hours N
	ON (Give kind of work done king life, even if retired)	US Army	SS OR INDÚSTRY	Mass		ountry) /		FWHATCOUN
3 FATHER'S NAME Un	known		1	4. MOTHER'S MAII	Unkno	m		
	R IN U. S. ARMED FORCES? (If yes, gave wor or diction of service			ghter) P	atricia :	Knefel S	en ame as a	bove
18. CAUSE OF DEA	ATH [Enter only one couse	per line for (o), (b), and	(c).]				INT	ERVAL BETWE
PART I DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Renal	Fai	we			C	no De
Circh	mmediate the under (c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE	TERMINAL DISEAS			19. WAS AUTO PERFORMEI YES 🔼 NO
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER	20d INJURY OCCURRED	20- PLACE	OF INJURY (Home	form 1206 /Cit	v as towal	(County) (5
Hour o.m.		While Not while of work of work		, street, office bldg		y or rown)	(County	(:
	at (I) (this hospital) at	4				*		
220 SIGNATURE	sed alive an	1961.	and that deat	h accurred at	212 Matram	the causes an	d an the date	e stated abi
Vaita	aniel S(Jeans) M.D		MED.	STAFF PHYS.		27 Marsic
22c. PHYSICIAN'S NAME (Type) NATHAI	NIEL S. BEARD	, Capt, M.	8	22d ADDRESS USA H	osp Ft G	eo G. Mea	ide, Md.	
230 BURAY, CREMAT C		61 24 NAME OF	ZEMETERY OR CI	Pall k	23d LOCA	TON City, lown	- //a	(Stote)
24 FUNERA DIRECTOR	S SIGNATURE	Appress /	11.	250	REC'D BY REGIS	TRAR 25 REGIS	TRAR'S SIGNATU	JRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Regent by the funeral director, d 2 should be filed with

may the contined by the haspital or attending physician.

5 FUN. I DIRECTOR: After this certificate has been signed by the attending physicion and completely fille page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO FUN VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2620

CERTIFICATE OF DEATH

n2gon

<u> </u>		NOTEU			K(ed Distr No. A MA D (1)
	o. COUNTY	INNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Who o. STATE ARYLAN	ere deceased lived If institutions b. COUNTY	Residence before admission) A INE ARUNDEL
1	RURAL and give n	If outside corporate limits, write earest town) NNAPOLIS	52 DAYS		utside carparate limits, write RURA	AL and give nearest town)
	OR INSTITUTION	HCSPITAL, ANN	reet address) APCLIS, WARYLAND	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Lois	Middle (n)	E I CHLER	4. DATE Month OF DEATH MARCH	Day Year 14 19 61
	E.ALE		NARRIED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-26-1908		UNDER FYEAR IF UNDER 24 HRS. onths Days Hours Min
10	during most of wor Housewife	ON (Give kind of work dane king life, even if retired)	10b. KIND OF BUSINESS OR INDU	North Caro		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
		rench Davis		ATERHOLT,		
100		ER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)		NFORMANT USband Herma	Address In T. EICHLER, SI	hady Side, Md.
	Canditions, if a gove rise to it cotse (a), stating lying cause last.	mmediate the <u>under-</u> DUE TO (c)	Cardiac As Acute Myocardia	Infarction		None 8 Weeks
CERTIFICATION	PART II. OT		NS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE			IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL		RY Month, Day, Year 20	d. INJURY OCCURRED 20e. Pt. hile Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stote)
L	actual SIGNATURE PHYSICIAN'S NAME (Type) S	Ivan BUSCH, L	2 June 1	M.D	_M, from the causes and ADDRESS (Street, city or town, state HOSP it al	14 March 196
1	Leefu	MEKALHO	NE MIHOLI,	P.C. DATE MAI		or S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar obtending physician.

TO FUN ... DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page ... Jud be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be filed with the relation to prince to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be filed with the relation to prince the prince of the prin

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VS A1S (4)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 7 Film 3283 3/27/61 CERTIFICATE OF DEAT Rea. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where redeceased lived If institution: Residence before admission) a COUNTY a STATE **b.** COUNTY MARYLAND funerol b. CITY OR TOWN (if autside carporate limits, write c. LENGTH OF STAY IN 16 & CITY OR TOWN (I gutside carporate limits, write RURAL and give negrest town) RAL and give nedrest town) TO Zelli d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE M STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Manth Doy Year DECEASED (Type or print) DEATH 1 194 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX-7 MARRIED NEVER MARRIED B. DATE OF BIRTHA 9. AGE (In years letely last birthday) Manths Days Haurs WIDOWED [7] DIVORCEDIATY 5 21713 comp paper 10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country? 12. CITIZEN OF WHAT COUNTRY? puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. White Not while at wark at wark p. m. . 1957, ta MArch 1961, that I last saw the deceased 21. I certify that I attended the deceased from 100 and that death accurred at 2300 M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or lawn, state) DATE SIGNED det ACTUAL SIGNATURE Έ PHYSICIAN'S NAME (Type) 22a. BURTAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY MAN DYAL (Specify) 2 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5B

within 24

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 2620 CERTIFICATE OF DEATH

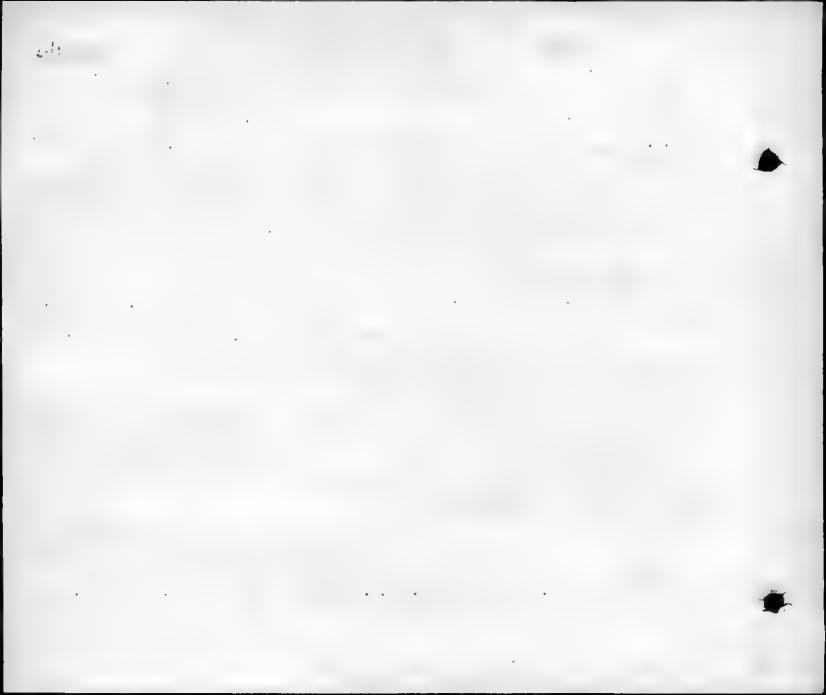
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		HUGG		0.000
_	1. 0	PLACE OF DEATH , 4	USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE MARYLAND b. COUNTY A. A.	efore admission)
V		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RUBAL and give learnest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give of NNAPOLIS	nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION FINERAL HOSPT.	d. STREET ADDRESS 14 SPRINGDALE AVE	e. IS RESIDENCE ON A FARM? YES NO
,		NAME OF DECEASED (Type or print) JOHN C. FER	PGUSON 4. DATE Month OF DEATH MAR 2	5 196/
	5 5	SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA WHITE WIDOWED DIVORCED NO	(ast birthday) Month, Com	AR IF UNDER 24 HRS Hours Min
	100 7	Do. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY during most of working life, even it agriced) TAREMORE MECH I. W. O. J. S. Naveel accelerate	13 BIRTHPLACE (State or foreign country) 12.CITIZEN MARYLAND 12.CITIZEN	S .
T	ľ3.	CHARLES JERGUSON TI	MARGARE KLE	IN
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR		t 2
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MEDIATE CAUSE (a)		NTERVAL BETWEEN NOTE AND DEATH
		Conditions, if ony, which)		
		gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO		
	CATION		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION		nter nature of injury in Part I or Part II of item 18)	
	MEDICAL	20c. TIME OF INJURY Manth. Day, Year 20d INJURY OCCURRED Haur a, m. p m. 19 While Not while of work of work 19 at work 1	OF INJURY (Home, form, 20f. (City or town) (Count street, office bldg., etc.)	ly) (State
		21. I certify that (I) (this haspital) attended the deceased from 1961, and that death	h accurred at 12 M, from the causes and on the do	that (1) (we) las
		220 SIGNATURE M.D. M.D.	ATTENDING MED STAFF DIRECTOR PHYS	3 /26/C)
		PHYSICIAN'S NAME (Type) E. LIWhARJY.	72d. ADDRESS	
	23a	30. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CRI REMOVAL (Species) 3/29/61 GRANITE PRES.	EMATORY 23d LOCATION (City, town, or county) CEM. GRANITE	MD.
1 200	24	JOHN M. TAYLOR SONS ANNAPOLIS	MD DATE MAR 2 8 '61 Calling & H	

by the funeral director, d 2 should be filed with TE HENTIAL OF ATTENDING ENYSICIAM: The low requires that the death certificate be exemuted within 24 hours ofter death. Page 4 may be captained by the hospital or ottending physician.

I DIRECTOR: After this certificate has been signed by the ottending physician and completely filling page or hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO FUN VR A15 (4) 1SM 9/59

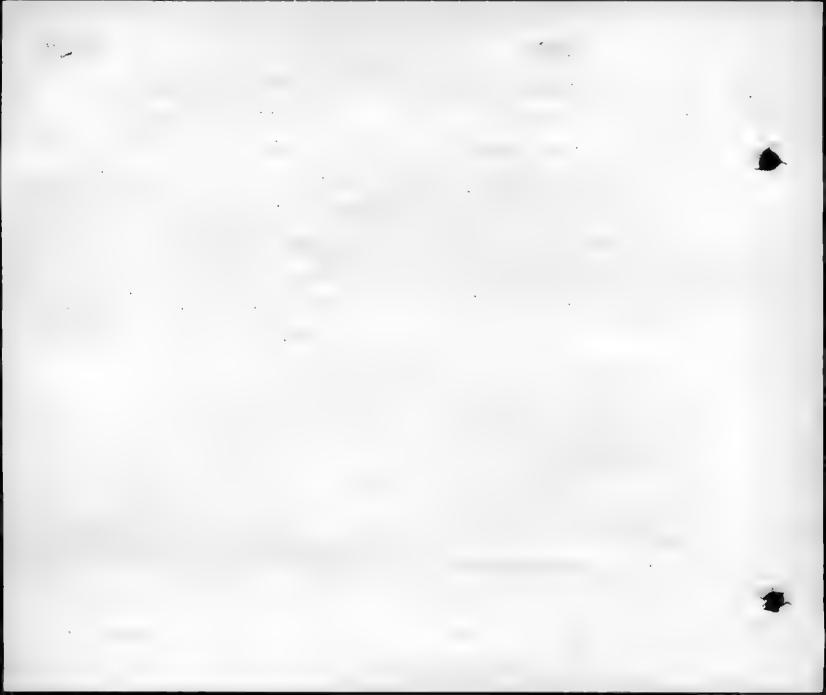
1	DIVI			ALTH E 1, MARYLAND	
SE AA	2623	CERTIFICA	TE OF DEATH		necas
directo with	o. county Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Where de o. STATE Maryland	b. COUNTY Anne Arus	
To and	b CITY OR TOWN (If outside corporate lin RURAL and give nearest town) Fort George G. Mea	5 months		corporate limits, write RURAL and g	ive nearest town)
2 should	d. NAME OF HOSPITAL (If not in hospito), OR INSTITUTION U.S. Army Hospital	give street address)	Fort George G J. STREET ADDRESS Quarters # 720		e IS RESIDENCE ON A FARM? YES NOTE?
	NAME OF I	rirst Middle NET ALICE	Last 4. D.	ATE Month	Doy Yeor 13 19 61
Poges Poges er-death		7. MARRIED NEVER MARRIED WIDOWED A DIVORCED	B DATE OF BIRTH 24 Oct 1960	9 AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS
comple	la. USUA. OCCUPATION (Give kind of ward during most of working life, even if retire	done 10b. KIND OF BUSINESS OR INDU			ZEN OF WHAT COUNTRY?
ian and carbon hin 72 h	James A Fincher		14. MOTHER'S MAIDEN NAME Mutsuko Kam	inae	
physic emove ent, with	WAS DECEASED EVER IN U. S. ARMED FO	PRCES? 16. SOCIAL SECURITY NO 117. I	NFORMANT	Address Geo G.	Manda Md
the offending Then please and in ony e	IB. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Cabbe/Waldolowh/?/	Broncho pneumoni	a, Bilateral,	INTERVAL BETWEEN ONSET AND DEATH UNK
signed by signed by sit permit.	Conducted if any which \	(b) congestion and	edera, bilater	er Group. Pulmo	nary
physical phy	PART II OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> bu	T NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
ficate the burner of crem	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port t	or Port II of item 18.)	
ol or off this certi r use os to buri	20c. TIME OF INJURY Manth, Doy, Y Hour a m. 19 p. m. 19	While Not while of work of the otwork of the work of t	ctory, street, office bldg., etc.)	(City or town)	county) (State)
hospit After I hed for h prior		examined of the deceased from 19 and that		xx 13 March 196	
CTOR: CTOR: detoc	220. SIGNITURE	Blatuson	M.D. PHYS DIRECTO		22b.DATE SIGNED 13 Mar
L DIRE	22c PHYS CIAN'S	ROBINSON, Capt., M.	22d. ADDRESS	p Ft G. Mead	
State State	BJR AL, CREMATION, 235 DATE THER	EOF 23c NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, town, or county)	M. (Stote)
(R A15 (4)	FORMERAL DIRECTOR'S SIGNATURE	Louis Land	MAR DATE MAR	registrar 25b. Registrar's Signary 23'61 Cuthur	
Chors	21 2				



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L		269	24	CERTI	FICATE	OF DEATH	1		02604
	PLACE OF DEATH O. COUNTY PINNE	Arunde	L	MAR	YLAND 2	USUAL RESIDENCE (W		If institution: Residence COUNTY	ARUNDEL
	b. CITY OR TOWN	N (If outside corpor e nearest town)	ote limits, write	c. LENGTH OF STA	(IN 1b		autside carporate li	mits, write RURAL and	give nearest town)
	Linthic	um He	ights	3844	. 2	Linth	ICAM	Height	-9
,	d. NAME OF HOS OR INSTITUTIO	Clevel	1 0	er address)		500 Cla	veland	Road	e, IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED		First	Middl	•	iost	4. DATE OF	Month	Day Year
	(Type or print)	A	Rthur	2 . W.	<u> </u>	letcher	DEATH	MARCH	17 1961
5	SEX	6. COLOR OF	**	RRIED MEVER MARR		ATE OF BIRTH	9 AG los	E (in years IF UNDI i birthday) Months	Days Hours Min
17	nale	White		WED DIVORC	14 (1)	9 Rch 19-1	883 72	7 yrs	
	_ during most of w	vorking life, even if	retired)	b. KIND OF BUSINESS	JK INDUSTRY	11. BIRTHPLACE (Stote	e ar rareign country)	1 1	ITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	gent (re	i) I	Batto & Ohio	·/\/.	MOTHER'S MAIDEN	NAME MORN	yland	U.S. H.
"	dta A	H	. Fle	taken		Julia	m 112	adaman	44
	WAS DECEASED	EVER IN U. S. ARM		GASOCIAL SECURITY N	17 INFO	MANT	1110 000	Address	ane as
111	N. no, or unknown)	(If yes, give wor or	dates of service)	Proces	Mrs	: Clara 1	m. Flei	tcher-	# 2
-		DEATH [Enter only	one cause per	line far (o), (b), and (c]				INTERVAL BETWEEN
	PART I, D	DEATH WAS CAUS IMMEDIATE C	ED BY: AUSE (o)	Cardio-	Vasc	ular Dis	ease -		5 years
		. 1	DUE TO						
	Conditions, if		(b)					<u> </u>	
	couse (a), statis	ng the <u>under-</u>	DUE TO		*				
Z	lying couse lo		(c)	S CONTRIBUTING TO D	EATH BUT NO	F DELATED TO THE TERM	AINIAI DISEASE CON	IDITION GIVEN IN 9	ART I(a) 19. WAS AUTOPSY
CATIO					•				PERFORMED? YES NO
CERTIFI	OR CONTRIBUTION	WAS UNDERLYING CAUSE OF IFY MEDICAL EXAM	DEATH	ESCRIBE HOW INJURY (OCCURRED. (E	nter noture of injury in	Port I or Port II of	item 18)	
MEDICAL	20c. TIME OF INJ	JURY Month, D	oy, Yeor 20d Whi	INJURY OCCURRED	20e. PLACE factory	OF INJURY (Hame, far , street, affice bldg., et	m, 20f. (City or to	wn]	(County) (Stote)
MEC	P *		19 at w	ork of work		****			
	21. I certify t	that (I) (this ho	uspital) atte	nded the deceased	fram	, 19	250, to 211	an 17, 19	6/, that (1) (we) last
		eased alive an	maris	17 19 <u>67</u> , and	d that deat	h accurred at 2.6	⁷ M, from the e	causes and an t	he date stated above.
	220. SIGNATURE	en 8 12	illin	golin	M.D	PHYS L	AED. STA		22b. DATE SIGNED Man U/ 5-19
	22c PHYSIC AN' NAME (Type	James	5 Be	clingsly		10 & Cent	ial Gra	Then Be	une m1.
230	BURIAL, CREMA	T ON, 236 DATE	THEREOF	23¢ NAME OF CEN	AETERY OR CI	EMATORY	23d LOCATION (City, tawn, or county	(Stote)
1	surial	3- 3	0-196	Meadowr	idge M	remoria - lank	HOWAR	d Ci. Mi	ery land
24	FUNERAL DIRECT	ORS SIGNATURE	· Vilan	Glan But	12 /L	250. REC	D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE
1	remark	1-2000		שונים ודיווים	~ 77	DATE M	AR 21 '61	arthur.	8 Florida



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be a balanced by the haspital ar attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the ottending physician and completely fill it is by the funeral director, page found be detached for use as the burial-transit permit. Then please remove carbon pages. Pages if 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L		2625	(CERTIFIC	ATE OF	DEATH	l			- 0	261)5
1.	PLACE OF DEATH	W 0 /4 0		MARYLAND	2, USUAL o. STATI	RESIDENCE (W	here deceased	d lived If and b. COL		lence befo	ire admissi	ian)
	RURAL and give neo	outside carporate limits, rest town)	write c. LENG	TH OF STAY IN 16	c CITY	d - 4 - 1	autside corpo	rote limits, w	rite RURAL an	d give ne	prest town	1)
		K (If not in hospital, give 8 4 8 9 And	1 1	Rd	1 d. STRE	T ADDRESS	arbo	tus	ad			FARM?
	NAME OF DECEASED (Type or print)	Thon	240	Middle	For	Lost	4. DATE OF DEATH		Month 3 -	2/	<i>.</i>	Yeor 19 <i>C J</i>
5.	SEX M		MARRIED 🔃 NI	EVER MARRIED [B. DATE OF	BIRTH 19 — 0	-	9 AGE (n) lost birtho		-	Hours	Min.
100	during most of warking	(Give kind of work doring life, even if retired)	ne 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIR	THPLACE (State	ar foreign co	ountry)	12.0	ITIZEN O	FWHATC	OUNTRY?
13.	FATHER'S NAME		1		14. MOTH	ER'S MAIDEN	NAME		1			
	Em	il Ford			1 10	ic ie fi	ta	dolo	50 n			
		IN J. S. ARMED FORCE yes, give year or dates of serve		-	TAMILY			5	Address			
7	Conditions, if ongove rise to imcouse (o), stoting the lying couse lost.	mediate Dus TO	Care	cuen	IT NOT RETAIN	TLC	AINAI DISEAS	E CONDITIO	N GIVEN IN P		ERVAL BE SET AND	DEATH
FICATION		Gner	alized.	Lyper	Tiophee	cell	onv	thus			PERFO	NO 2
L CERTI	200 ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY N	CAWSE OF DEATH	JB. DESCRIBE HO	W JERLURY OCCURI	(pp (thier nate	ore or injury in	rant i or ran	THOT ITEM	p.;			
MEDICAL	Hour o.m.	Month, Day, Year	20d. INJURY OC While Nat at work at w	while	PLACE OF INJU			ar tawn)		(Caunty)		(State)
	saw the decease	(1) (this hospital) of alive an IIII	101	deceased fram	/	rred a 1/2	AM fram	the cause	2=L , 19 s and an 1		stated	abave.
	22c. PHYSICIAN'S NAME (Type)	Me Face	Laug	hlin	M.D PHYS	DDRESS	AED DIRECTOR [STAFF PHYS	Pasa	rde.	1/21/ ina.	SU NED
23	BURIAL CREMATION REMOVAL (Specify)	3-24.	-6/ M	ME OF CEMETERY	,	Com.	El	Mus	lge-		(Stot	2
24.	McCully 4	word Hen	40 13 d	E Fort	ave	DATE	MAR 2 3	'61 25b	REGISTRAR'S			
	,										A STATE OF THE PARTY OF THE PAR	



TO DEPTITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dillay is necessary, pleast acute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the real director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reflected for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME SM. JISS

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2627MEDICAL EXAMINER'S CERTIFICATE OF DEATH Division of 02607

١.		PLACE OF DEATH	2. USUAL RESIDENCE (Where decoased lived, if institution	ni Residence before edmission)
			e. STATE b. COUNTY	lama.
	-	ARRE ATUNCE b. CILY OR TOWN (if outside corporate (im ts, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Prouted a corporate limits, write RURAL	and give nearest town)
7	lan.	lersville 6 months	' Same	
		NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
		Box 60 Route 3	Same	YES NO
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
		DECEASED (Type or print)	OF DEATH	10.4=
	1	Gilbert Gene Gartelman	March 27th.	19 61
	J	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8.	DATE OF BIRTH 9. AGE (in years If UNDE lest birthdey) Months	
		M. WIDOWED DIVORCED	9/8/60 yrs. 6	19
	10e doi	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
	12	None FATHER'S NAME	Baltimore Md. I	ISA
T	13.	LYLLEK 2 NAWE	14. MOTHER'S MAIDEN NAME	
L	1	Gilbert James Gartelman WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. 11	Doris Marie Frazier	
		s, no, or unkown) ((fyesg'vewarordatesofservice)	NEORINAL . Address	
	١,	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	The parents.	I INTERVAL BETWEEN
		PART - DEATH WAS CAUSED BY	infaction	QNSET AND DEATH
		() /)	Intection.	Few hours.
	Ш	J K / L DUE TO		
		Conditions, if any which (b)	. 45/11	M = MAP =
		(e), staling the underlying DUETO		
		cause lest. (c)		
	CERTIFICATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	3			YES NO K
	Ě	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (E	nter neture of injury in Pert I or Pert II of item 18.)	
	R - I	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
	MEDICAL	I. A.	CE OF INJURY (Home, farm, 20f. (City or town) (Cory, street, office bldg., etc.)	ounty) (State)
	뮣	Hour a.m. While Not While st work st work st work		
		21. I certify that I took charge of the remains described above, hel	ld an Autopsy	and in my opinion
		death resulted from: Natural causes 🛣, Accident 🔲. Suicident	de, Homicide, Undetermined manner	
1		() + WD ()	CHIEF MEDICAL EXAMINER	
μĈ		SIGNATURE Sustan & tacele 2010	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER 3/27/6]	
		NAME (Type) Gustave H. Faubert, M. D. BURIAL, CREMATION, 22b. DATE THEREOS 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) Glen F	Burnie, Md.
T.F	228	REMOVAL (Specify)	CREMATORY 22d. LOCATION (CHy, town, or coun	try) (State)
	00	FUNERAL DIRECTION ADDRESS	(em. Glen laurne)	\-1(1.
44	23.	AN A LINE OF THE STATE OF THE S	240. REC'D BY REG.STRAR 246. REGISTRAR'S	SIGNATURE
,,,		() Topport	1990 DATE MAR 2 8 '61 Classical	& Kings
		11 11		



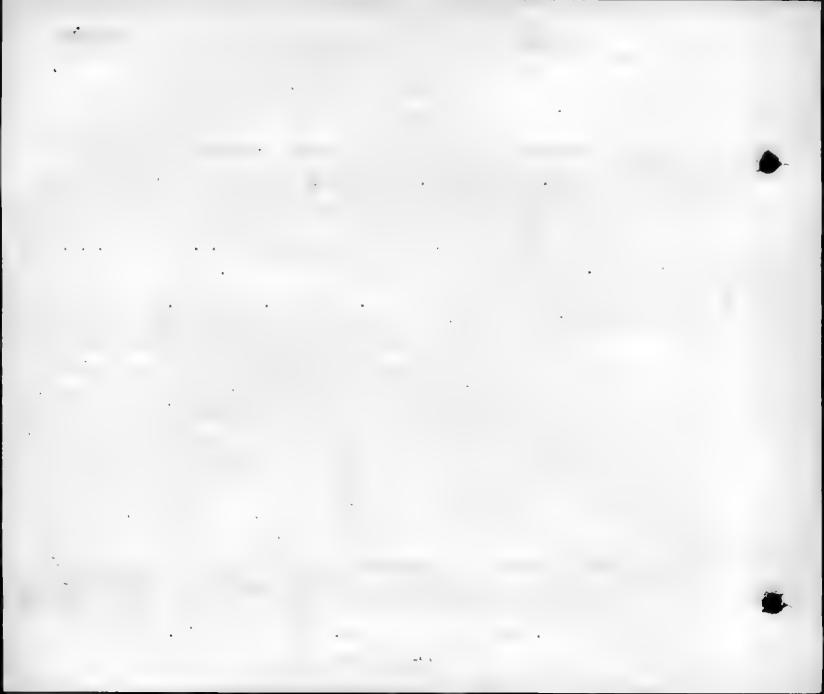
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2526 CERTIFICATE OF DEATH

02606

NON0	021(11110)1			0.000
PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
Anne Arundel	MAKTLAND	Maryla		Anne Arundel
 CITY OR TOWN (If outside corporate limits, a RURAL and give nearest town) 	write c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside corporate limits, write RI	URAL and give nearest fown)
Hanover	Life	Hannver		
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM? YES X NO
Box 12 Ridge Road		90x 12 R	idos Road	I LES M NO M
NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day Yeor
(Type or print) Enima	R.	German	DEATH MAI	rch 3 1961
SEX 6 COLOR OR RACE 7.		B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS
Femela NESA-	DOWED DIVORCED	2 August 18	80 lost birthdoy) yes.	Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work don- during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife STATHER'S NAME	own Home	lashin	aton D.C.	U-S-A-
George L. Sherwood	Д		mit R. Love	
5 WAS DECEASED EVER IN U. 5 ARMED FORCES	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Addr	ress
(Yes, no of unknown) (If yes, give wor or dater of service	" None M	r. Joeseph L	. German Jr.	Same as # 2
Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying cause lost</u> DUE TO (b) DUE TO	Confer	malie	Variat	classiff
PART IF OTHER SIGNIFICANT CONDIT				/EN IN PART I(o) IF WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in f	'ort or Port II of Item 1B)	
Hour o.m.		ACE OF INJURY (Home, farm lary, street, office bldg., etc.		(County) (State
21 I certify that (I) (this haspital) a	4 le 3 1 1	1-	M. from the causes on	319 , that (I) (ma) last don the date stated above
220. SIGNATION	mland	ATTENDING /ME	ED. STAFF	3/3/SUBJECT
22c. PHYSICIAN'S NAME (Type) BBBC	517162619	22d. ADDRESS	Beamst	Eller Jan
230 BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMPTERY O	R CREMATORY	23d LOCATION (City, lown,	or county) (State)
Burial 3-Mar 19	961 Meadowridge			Maryland STRAR'S SIGNATURE
1 Volentile	Her Burio;	md, DATMAR	104	
1-		7 250	G W	hart of the same

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, and 2 should be filed with roy; Astrined by the hospital ar attending physician.

TO FUN. IL DIRECTOR: After this certificate has been signed by the attending physician and completely fills page Synauld be detoched far use as the burial-transit permit. Then please remove corban papers Pages the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death to 4 may be retained by the hospital or attending physician.

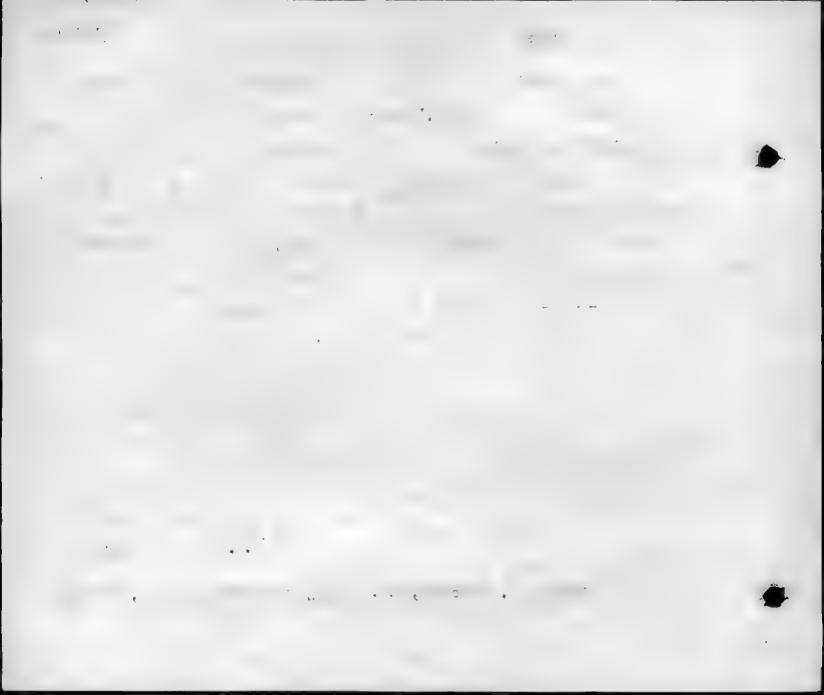
YO FU ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emboy carbon papers. Pages I and 2 should be filed with the Smite Dmpt. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND & CERTIFICATE OF DEATH

1		PLACE OF DEATH	2. USUAL RESIDENCE (Whare decased lived, If	
V	1	Anne Arundel MARYLAND	• STATE Maryland	Charles
٦	ŧ	o. CITY OR TOWN (if autiside corporate limits, write RURAL end give nearest town) Crownsville Ombe 9 days	c. CTY OR TOWN (If outside corporate limits, write	RURAL and give neerest town
-	_		Newburg	A
이		A. NAME OF HOSP, TAL OR INSTITUTION (if not in hosp ta, g ve street eddress)	d, STREET ADDRESS	on a farm?
	3	Crownsville State Hospital	Unknown Lest 4. DATE Month	YES NO L
		DECEASED	OF	40 4-
	5.		areen 3	ef UNDER 1 YEAR 15 JNDER 24 HRS.
		Female Negro WIDOWED DIVORCED	7/28/27 last birthdey) 22 yrs.	Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY
	dor	Domestic Unknown	Maryland	Maryland U.S.A.
_	13.	FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
		Frank Green	Rebecca ?	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	NFORMANT Address	
		No ((Ifyesgivewerordelasofservice) Unknown	Hospital Records	
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Torula Meningit:	is 134.1	_
		134, DUE TO		ı
		Conditions, if any, which (b)		-
		(e), stating the underlying DUETO		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMINAL DISEASE COMPITION ON	VZDOTILA ZAW OL INITIAN ALIONS
	TION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION OF	PERFORMED? YES X NO
	FICA	20%. ACCIDENT WAS UNDERLYING TO 20% DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Peril For Pert II of item 18.)	IES LA NO []
	CERTIFICATION	OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20e PLA While New White Ratio	CE OF INJURY (Home, ferm, 20f, (City or town) ory, street, office bldg., etc.)	(County) (5tate)
	WED	Pom, 19 While New While FRES		
		21. I certify that (I) (this hospital) attended the deceased from.	1/15 19 58 10 3/20	, 19 61 ., that (I) (we) last
		saw the deceased alive on3/.20/1961, and that	death occured at 11.:30 from the causes	
		Zo., SIGNATURE	ATTENDING MED. STAFF	3/21/61 22b. DATE S GNED
	1	1 religion Heaver Rum	D PHYS DIRECTOR PHYS.	
		PAYSICIAN'S NAME (Lype) Hildegard H. Reissmann, M.D.	Crownsville State Hospi	tal Manuland
	23-	BURIAL CREMATION 236 DATE THEREOF , 1234 NAME OF CEMETERY		
	1	REMOVAL GOOCH 3/24/4/	thoust Shilo	7721.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	250, REC'D BY REGISTRAR 258. REC	GISTRAR'S S GNATURE
1	l	rethere bureal filme, To , Ista	DATE APR 7 '61 C	Inthun S. Kraus
			j	



TO HOLLITAL OF ATTENDING PHYSICIAN: The law equies that the death entificate be ecuted within 24 hoes after death. Page 4 may be retained by the hospital or attending physician.

TO FU RAL DIRECTOR: After this certificate has been signed by the attending physician and compiled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()2609

	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)
	Annapolis 21 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	RURAL - Annapolis d. STREET ADDRESS . IS RESIDENCE
1	Anne Anundel General Hospital	Severn Forest Ave.,
	3. NAME OF Frst Middle	Last 4. DATE Month Dey Year
	(Type or print) Mabel	GRIFFIN DEATH March 6 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED XX DIVORCED	Feb. 3, 1877 St. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired)	11. B RTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	New Hampshire U.S.
	REODEST TOWNE	EIMA GARDON
/	15. WAS DECEASED EVER N. U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 L	NFORMANT Address
	(Yes, no, or unkawn) ((fiyesgivewerordelesofservice)	corge Foldmann () Lelin
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)	Severn Forest. Comeparate Between
	PART 1. DEATH WAS CAUSED BY: Cerebral Order	- threnebosis ONSET AND DEATH
	DUE TO	7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Conditions, if eny, which \ (b)	
	gave rise to immediata cause	
	(a), stating the underlying DUE TO (c)	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPSY
	Branchoppneumonea	PERFORMED?
		(Enter neture of injury in Pert I or Pert II of Item 18.)
	20c. TIME OF INJURY Month, Day, Yaar 2Dd, INJURY OCCURRED 2De, PLA: Hour a.m. While Not While factor factor at work et work	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete)
	p.m. 19 at work et work	
	21. I certify that (1) (trip to project) cattended the deceased from	Feb. 13, 19.61 to Mar. 6, 19.61, that (I) (\$\sigma 8) tas
		death occured at M, from the causes and on the date stated above
	220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	I chang a letter M.	D. PHYS. XX DIRECTOR PHYS. 3/6/61
	22c. PHYSICIAN'S NAME (Type) Richard N. Peeler	121 Cathedral St., Annapolis, Md.
	239. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY C	
	Demoval (Specity) Mar 16-61 North Land	100 1 1
	24 NUNERAL DIRECTOR'S SIGNATURE (7) ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
}	John M. Vayler Disos Vissore pol	is Mal. DAMAR 10'61 O thun & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before edmission) a. COUNTY MARYLAND and b. CITY OR TOWN (if outside corporate limits. a CITY OR TOWN (If offside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 15 write RURAL end give naerest town), filled in Pages 1 affer Heale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO A ame SWELL 3. NAME OF Midd a DECEASED OF Pat C (Typa or print) DEATH AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED pue last b rinday) Months Days DIVORCED F WIDOWED [yrs physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) dona during most of working I fe, avan if retired. SOMMERVILLE OWN. BUSINESS SERVICE. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 Then please and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO MICHYIEW NOTWELL (Yas, no. or unkown) ((ifyas give war or detas of sarvica) lova NELLIE GUEST the B. CAUSE OF DEATH [Enter only one cause per line for e, (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH PART I. " ATH WAS CAUSED BY: Rummen IMMEDIATE CAUSE (a) DUE TO any artery disease Conditions, it any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19, WAS AUTOPSY PERFORMED? SE NO · HS8 CERTIFIC 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) 20e. TIME OF INJURY Month, Day, Year (Stete) factory, street, office bldg., etc.) Whila __ Not Whila Hour a.m. et work et work DIRECTOR 21. I certify that (1) (this hospital) attended the deceased from Much 25, 1961 to Much 25, 1961, that (1) (we) last saw the deceased alive on. Millich 20 19.6.1, and that death occurred at 3.44%, from the causes and on the date stated above. 22b. DATE 220. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M D 22c, PHYSICIAN'S 22d, ADDRESS NAME (Typa) 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FT. REMOVAL (Spacify) & #O RCH 30 1961 MORFI 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Funeral Home 7401 Belair Road 15M 9/60 DATE APR 3

Orthur of House

CERTIFICATE OF DEATH Reg. Dist. No. 12611 263: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE **b.** COUNTY MARYLAND Marvland Anne Amindel Anne Arundel ofter death. erai b. CITY OR TOWN (if outside carporate limits, write C LENGTH OF STAY IN 15 c CITY OR FOWN (If autside carporate limits, write RURAL and give nearest town) ě RURAL and give nearest town) ъ Annapolis Annapolis Vrs. d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 19 Morris Street YES NO T 19 Morris Street NAME OF Middle Last Manth Day Year DECEASED 24 Hall DEATH Fille (Type or print) Warren March 19 61 Florence IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours DIVORCED | 90 WIDOWED T Female Colored papers. campl 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. ************ Annapolis, Maryland pup pau Domestic ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 physician Elizabeth George Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) ttending Margaret Grooms - 19 Morris St. Anna. Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE to ö **DUE TO** Š Canditions, if any, which gned gave rise to immediate per **DUE TO** cause (a), stating the underite has been sig burial-transit p lying cause lost. CATION PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMEDE YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [7] certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) MEDI Haur o. m. While Nat while at work at work After 21. I certify that that I last saw the deceased attended the deceased fram pached alive on and that death from the causes and an the date stated above. DIRECTOR: bccurred other Kill DATE SIGNED ADDRESS (Street, city of town, state) det ACTUAL SIGNATURE ō P PHYSICIAN'S Clay Street - Annapolis, Md R.L.Richardson NAME (Type) 220 BURIAL, CREMAT ON, 226. DATE THEREOF 22d, LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) FUN BUTTAL (Specify) may Asbury Annapolis, Md. Apr. 9 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR APR 4 Annapolis, Maryland נוב VS A15 (4) DATE 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY M Anne Arundel by the and 2 death. c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporete I m Is. C. LENGTH OF STAY IN 16 write RURAL and give negrest Jame) Baltimore Pages 1 _ mos 20 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Crownsville State Hospital 909 Shields Place 3. NAME OF 4 DATE Month DECEASED compl bag (Type or print) Elizabeth Harrison DEATH (Hair..ton) carbon 6. COLOR OR RACE 7, MARRIED THEVER MARRIED 1 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) | Months and Female Negro WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR NOUSTRY 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown Maryland Unknown 13. FATHER'S NAME 14 MOTHER'S MAJDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) i (Ifyesgive weror detespiservice) Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., and (c)) PART I, DEATH WAS CAUSED BY: Hypostatic Pneumonia IMMEDIATE CAUSE to DUE TO Hypertensive Cardiovascular Disease Conditions, if env. which gave rise to Immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY 800 Chronic Brain Syndrome asso. W. Cerebral Arteriosclerosis. 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18, 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory_street, office bldg., etc.) saw the deceased alive on....3/12/ .1961, and that death occurred at 12:45 from the causes and on the date stated above. ATTENDING DIRECTOR PHYS. 22d. ADDRESS Hildegard H. Reissmann, M.D. Crownsville State Hospital. Maryland 1 23d. LOCATION (City, fown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 ADDRESS 916 Pannachus 25e, REC'D BY REGISTRAR | 25b REG STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore City

U.S.A.

(County)

MAR 1 6 '61

. IS RESIDENCE ON A FARM?

YES NO -

1961

INTERVAL BETWEEN ONSET AND DEATH

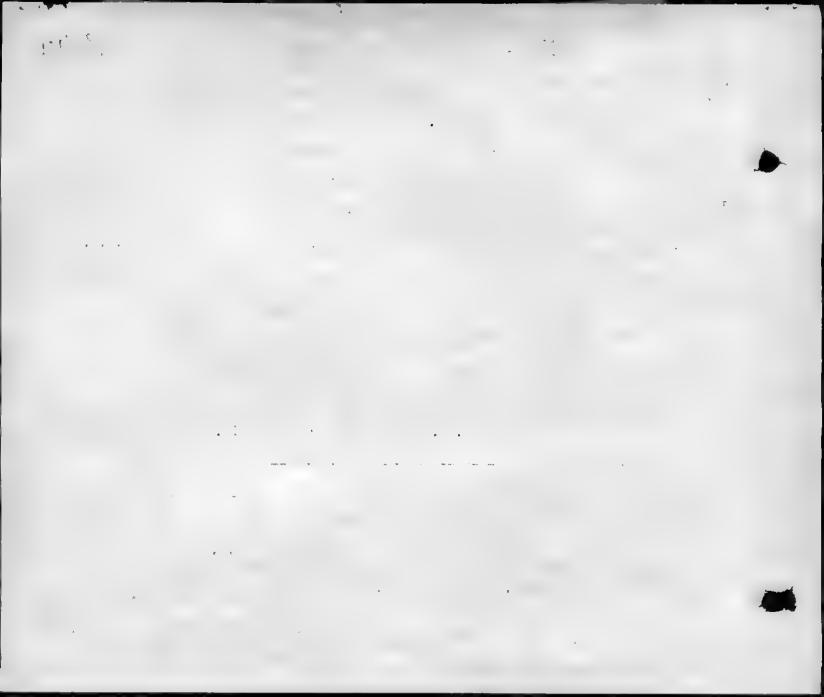
PERFORMED?

NO TE

22b. DATE SIGNED

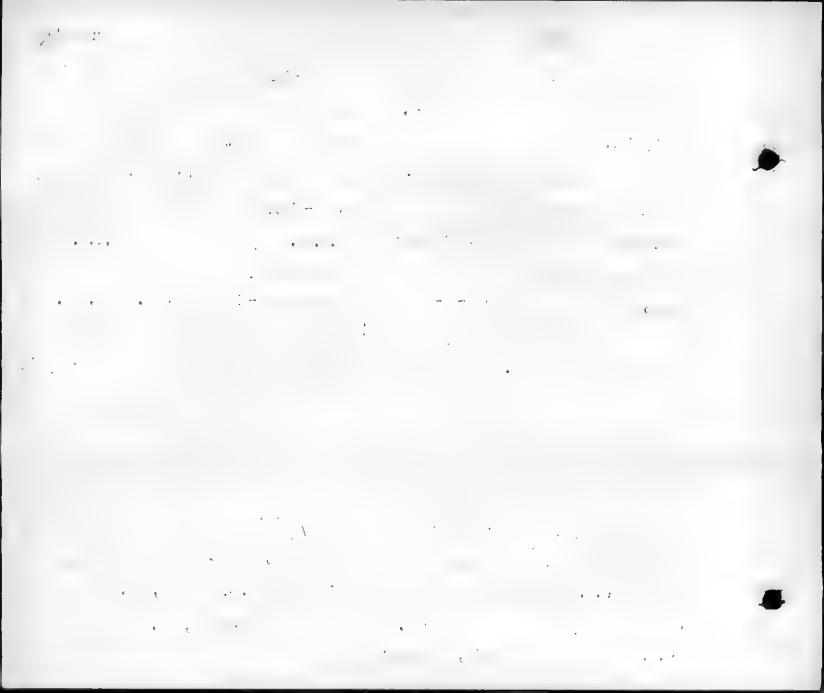
(Stete)

VR A15 (4) 15M 9/60



Reg. Dist. No. 02613 2633 CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND Anne Arundel Erme Arundel Marvland after death. funeral b. CITY OR TOWN (If putside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town) pluods Annapolis Annapolis Yrs. d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESTDENCE OR INSTITUTION ON A FARM? 1946 West Street YES NO X 1946 West Street NAME OF First Middle 4. DATE Manth Year Day DECEASED 24 DEATH March 1961 fille (Type or print) Daisy Harried or Harrod Pages within 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Dovs Hours WIDOWED | DIVORCED | yrs. Female Collored executed 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) A.Co. Maryland U.S.A. **** pup Domestic carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate Lewis Butler Martha Jones move hours 15. WAS DECEASED EVER IN J. S. ARMED FORCES? INFORMANT 116 SOCIAL SECURITY NO Milburn Harried - 1946 West St. Anna. Md. 215-16-9404 ottending edse death INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse persone for (a) (b), and (c) ā DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) **DUE TO** þ Conditions, if ony, which been signed gave rise to immediate per DUE TO couse (a), stating the underlying couse last. attending physician. **burial-transit** CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Yeor 20d. INJURY OCCURRED (County) (Slote) P factory, street, office bldg., etc.) WEDL a. m. Not while this at work | of warls After 1 that I lost sow the deceosed. 21. I certify that I attended the deceased from hed from the causes and on the date stated above. and that death occurred o the detoch DIRECTOR: ADDRESS (Street_city or town. **DATE SIGNED** ACTUAL ė Prior ained SIGNATURE hould PHYSICIAN'S 110 Clay St. Annapolis, Md. R.L.Richardson **NAME (Type)** May D 220. BUR AL CREMATION, 226. DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page Burial (Specify) Annapolis. Md. Fowlers Chapel 0 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE DATE MAR 1 3 '61 C.E.Hicks 111 Annapolis, Maryland arthur S. Kraus VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) ISM 9/59

12

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02614

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY MARYLAND	a. STATE b. COUNTY
Anne Arundo	Maryland Mane Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
Odenton 10 yrs.	A Oderton
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e. 15 RESIDENCE
ORNSTITUTION 2/1 B. V Z/02	Comlex Bldg Box 310X YES NO NO
(onley 13/49 120x 310x	
3 NAME OF First Middle	Last / 4. BATE Month Day Year
(Type or print)	Hant DEATH March 19, 1961
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	1/4 June 1887 73 yrs Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Part Day Parent 1184
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME /
13. PATHER'S NAME	
(Unknown) Jane	Catherine Coyle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT Address
No must None I	11-3. Louise Zomb June Drive, Odenton, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: O DO BUILD IN	ONSET AND DEATH
MMEDIATE LAUSE (d)	
745X DUE TO	m is to the same of the same of
Conditions, if any, which	JULENO TIL (MOUT) VONCE OF
gave rise to immediate couse (a), stating the under DUE TO	, [,]
lying couse last.	i i i i i i i i i i i i i i i i i i i
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY
NAME OF THE PARTY	PERFORMED?
O LOS DELIT MAS AN ACCOUNT HOW A COUNTY	
OR CONTRIBUTING CAUSE OF DEATH	RED (Enter nature of injury in Part I or Port II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
10 THE TOT WHITE	actory, street, office bldg, etc.)
p. m. 17 at work all all work	1=211 80 A/20 W
21. I certify that (I) (this haspital) attended the deceased fram	197, to 197, that (I) (we) last
saw the deceased alive on 1990, and that	death accurred at the causes and an the date stated above.
220 SIGNATURE	726 DATE/
Takes Herester (41)	M.D PHYS. DIRECTOR PHYS D
22c RHYSICIAN'S	22d. ADDRESS
NAME (Type) + RUS GRUUMEUS	1.01 - Coursian was
230 BURIAL, CREMAT ON, 236. DATE THEREOF , 23c NAME OF CEMETERY.	OR CREMATORY 23d LOCATION (City, town, or county) [State]
REMOVAU(Spycify) & THO M	C.11 1: Par B 11 L B
134FIRS WISCONSTINE	Catholic CM > 12 Fad dock 16441
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Maryland DATE MAR 2 1 '61 Cirthur S. Traus
16. 1. Dungsoon, 6/64 Durist	Maryland DATE MAR 21 '61 Cultur S. Trans



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 2635 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Arundel Laryland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town) Baltimore Fort George G. Meade d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 604 S Rappalla St U. S. Army Hospital YES NO IX NAME OF First Middle 4. DATE losi Manth Year DECEASED 9 MARCH 61 (Type or print) HAYES DEATH 10 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthdoy) 2 March 1961 Months Hours Doys WIDOWED TO NA BIVORCED TO Male Cau yrs papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Janice L. Crapser Robert T Hayes 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. Address 604 S. Rappalla St Balto, Md. ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 늄 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o DUE TO þ permit. Conditions, if any, which gned gove rise to immediate DUE TO couse (o), stoting the underate has been sig burial-transit p lying cause lost attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, PERFORMED? YES NO | 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while DIRECTOR: After this p. m. ol work al work 21. I certify that (I) phistrosphist, attended the deceased fram 6:30 Mar_o 61 ______ 19____ that (1) (3KBK last and that death accurred at ____ M. from the causes and on the date stated above. saw the deceased alive an 23 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF PHYS IC MED. Mar 6] M.D. 22c PHYSICIANS 22d, ADDRESS ping NAME (Type) USA Hosp Ft Geo G. Meade, SCHULTZ. GEORGE N. page 345h the State FUNE 23a, BUR AL, CREMATION 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify)

250. REC'D BY_REGISTRAR

DATE

Q E Q a VR A15 (4) 15M 9/59

24. FUNERAUDIRECTOR'S SIGNATURE

oc O

HOSPITAL

24



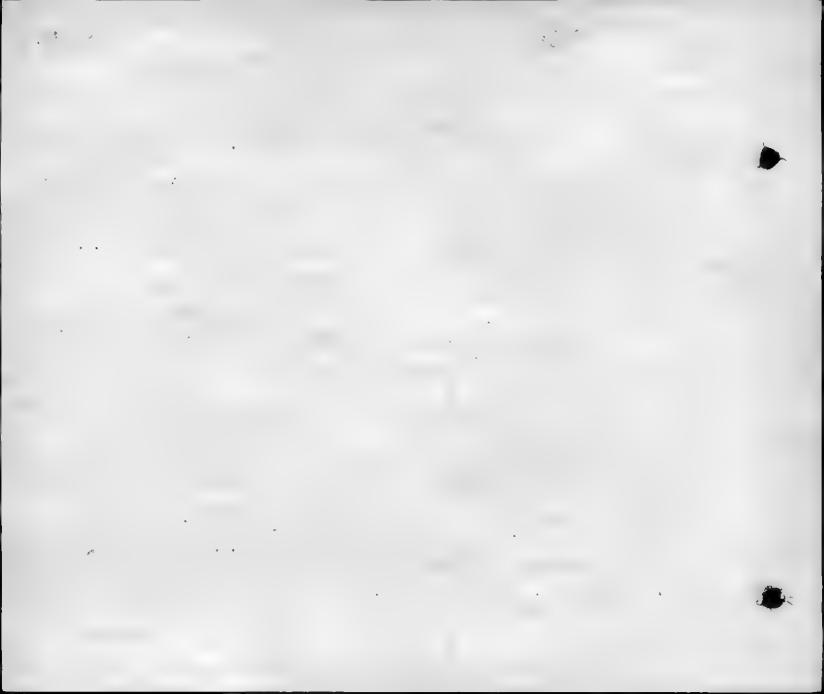
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be meacuted within 24 haum after death that the set of the hospital or attending physician.

To Hospital be made and the hospital or attending physician.

To FULLARL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeralism of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLA	ND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF ST		AND RECORDS, CERTIFICATE		STREET, BALTIMORE 1,	, MARYLAND 02616
LACE OF DEATH			2 USUAL RESIDENS	SE (Where deceased lived, If institu	ation: Residence before edmis

V		
ل	PLACE OF DEATH	USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. STATE b. COUNTY
1	Anne Arundel MARYLAN	Maryland Anne Arundel
1	b. CITY OR TOWN (1 outs de corporetemits, c. LENGTH OF STAY IN write RURAL and give neerast town)	c. CITY OR TOWN (if outs de corporete limits, write RURAL end g ve neerest lown)
J	Annapolis	Annapolis
1	d. NAME OF HOSPITAL OR (INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	Anne Arundel General Hospital	8 Hill St. YES ☐ NO ☐
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
Į	(Typa or print) Alice Inene	HILPRECHT DEATH March 22 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS. leaf burhday) Months Days Hours Min.
1	Female White WIDOWED DIVORCED	March 21, 1906 55 ym.
-1	done during most of working life, eyen if retired)	11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME	Maryland U.S.
	July lat Thomason	14. MOTHER'S MAIDEN NAME
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO.	Clarausa V Hisnourger_
	(Yest po, or unkown) (Ifyesgivewerordatesofservice)	1/10 Kladbracht
	18. CAUSE OF DEATH [Enter only one cause partine for (a), (b), and (c),	Mark. Augstein Interval Between
	PART I. DEATH WAS CAUSED BY:	CONSET AND DEATH
	IMMEDIATE CAUSE (e)	O oranical transfer the 3-
	Conditions, if eny, which \ (b)	exia - 6wh
	gave rise to immediate cause	
	causa last.	ornatosis - Toursel 3 ms
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	EAT.	YES NO
	206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCC	URED. (Enter nature of injury in Part I or Part II of item 18.)
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	9	PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.)
	Hour e.m. While Not While p.m. 19 at work at work	
		om Jan. 25,, 19-61 to Mar. 22,, 19.61, that (I) (XX last
	saw the deceased alive on Mar. 22, 19.61, and	that death occured at
	22 SIGNATURE (00 - Q	- ATTENDING MED. STAFF 22b. DATE
	222 PHYSICIAN'S	M.D PHYS X DIRECTOR PHYS. 22d, ADDRESS
ı	NAME (Type) Co.	M.D. 69 Franklin St., Annapolis, Md.
	23a. BURIAL, CREMATION, 23b DATE THEREOF , 23c. NAME OF CEMET	TERY OR CREMATORY 23d COCATION (City, town or county) (State)
	ECHOVAL (Specify) 2-25-19/1 /4/Para	at Menonia (Imaboli Ma
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	. Oxa 1 250. REC'D BY REGISTRAR 28b. REGISTRAR'S SIGNATURE
	John My Jaylar Sus amapo	les MAr DATE MAR 27'61 Oction & Knows
		MALE UI CLASSEN A IVANA



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should 115, 285, 3/27/6] 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY e. STATE **b.** COUNTY Anne Arundel Anne Arundel 문 건 도 MARYLAND by th and b. CITY OR TOWN (if outside corporete ilmits. c, CITY OR TOWN (If autside corporete l'm'ts, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis 20 days RURAL - Millersville Pages d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO 3. NAME OF 4. DATE Mid he Month DECEASED OF (Type or print) DEATH 196] Austin HUMRICKHOUSE March and cor 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED | NEVER MARRIED last birthday) Months Davs Hours Male White August WIDOWED TV DIVORCED event. 10a. USUAL OCCUPATION (Give kind of work dose during most of porking life, even if retired) гелоу 10b. K.ND 6 12. CITIZEN OF WHAT COUNTRY? U.S. West 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Yes, no, or unkown) "If yes give wer or detes of service 315 COUE RD 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)___ DUE TO or Gangrene distat lowers extremity left Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying couse lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in any in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Month, Day, Year Not While factory, street, office bldg., etc.] While Hour e.m. at work at work 22b. DATE 22a, SIGNATUR ATTENDING STAFF S. GNED DIRECTOR PHYS. PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Cathedral St., Annapolis, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 2Se. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Circhan S. Kraus 15M 9/60

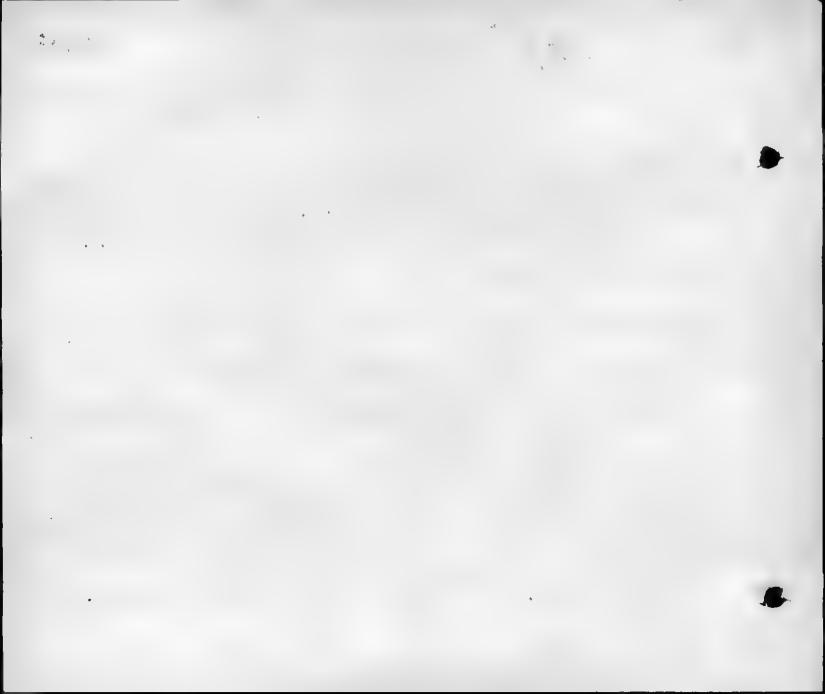
compl

physician

been

certifical

DIRECTOR:



If any delay is necessary, please exe-ne funeral director. Page 4 should. cremation, retained for your with the regir рио shauld be encoted within 24 hours after in pencil in Item 18. Give Pages 1, 2, on e along with farm PM3. Page 5 may be certificate, writing the ward "pending" in pencil in Item 18. Gid to the Chief Medical Examiner's Office along with farm PM3. certificate shauld be PUTY MEDICAL ENAMINER: This

D. COUNTY

b. CITY OR TOW Anhapo d. NAME OF HO 47 Nort NAME OF

DECEASED (Type or print)

Laborer

13. FATHER'S NAM William 15. WAS DECEASE (Yes, no. or unknown) Yes

> 18 CAUSE OF PART I.

Conditions,

CERTIFICATION

MEDICAL

gove rise to in (a), stating cause last. PART II.

NAME (Type)

Burial

220. BURIAL, CREMAT ON,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

5. SEX Male 10a. USUAL OCCUI

TO DE	cute	FOIW	TO FU	ar re
	. А 5м		ME(55	5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
2638 MEDICA	AL EXAMINER	R'S CERTIFICA	TE OF	DEATH	Reg. Dist. No	.02618	
Н		2. USUAL RESIDENCE (Where decea			fore admission)	
Anne Arundel	MARYLAN	o state Maru	and	b. COUNT	Anne Ar	undel	
/N (If outside corporate limits, write RURAL Lifety)	c. LENGTH OF STAY IN 1	Annapolis	f autside cor	parate limits, write	RURAL and give t	nearest town)	
ospital or institution (if not in ho hwest Street	spital, give street address)	d. STREET ADDRESS 47 Northwes	t Str	eet	1	e. IS RESIDENCE ON A FARM? YES NO A	
Irven First The	omas James	Lost	4. DATE OF DEATH	Narch	10 Day	19 61.	
Color of RACE 7. MARR	DIVORCED	8. DATE OF SIRTH Apr. 9-1894		9. AGE (In years lost just hiddey) OO yrs.	Months Days	IF UNDER 24 HRS. Hours Min.	
PATION (Give kind of work done 10b. orking life even if retired) A cader	kind of Business or Indi ny - Retired	Amapolis			U.S.A	F WHAT COUNTRY?	
T. James		Carrie S. E			R- de la		
) (If yes, give your or dates of service)		Richard I. Jan	les - /	Address 47 Northw	est St.	Anna. Md.	
DEATH [Enter only one cause per line DEATH WAS CAUSED 8YI IMMEDIATE CAUSE (a)	far (a), (b), and (c).]				De La	ET AND DEATH	
ony, which (b)							
mediate cause DUE TO (c)							
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERM	.NAL DISEAS	E CONDITION GIV		9. WAS AUTOPSY PERFORMED?	
CAUSE WAS CONTRIBUTING (20b. DESCRIE	E HOW INJURY OCCURRED.	. (Enter nature of injury in Par	t I or Part II	of item 18.)			
NJURY Month, Day, Yeor 20d.	INJURY OCCURRED 200. P	PLACE OF INJURY (Home, form	, 20f. (City	r or town)	(County)	(State)	

20g. EXTERNAL PRIMARY ☐ or CAUSE OF DEA

20c. TIME OF I Hour a.m. While Not while at work at work p. m.

factory, street, office bldg., etc.)

21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection . (Inquiry ., and find that death resulted from Matural causest Suicide , Homicide , Undetermined cause

ACTUAL SIGNATURE EXAMINER'S

22b. DATE THEREOF

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

(State)

DATE SIGNED

U.S.National ADDRESS

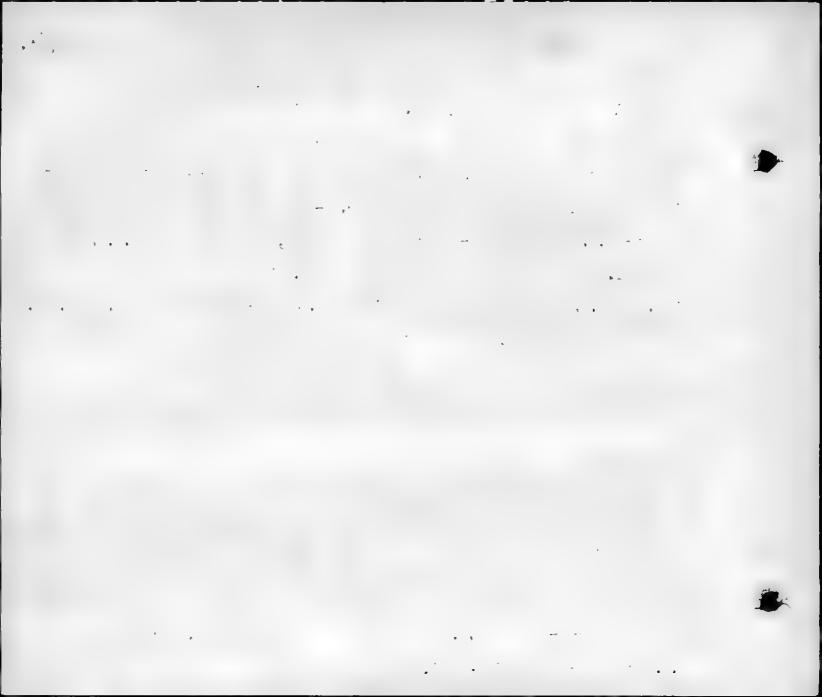
Annapolis, Maryland 74a, REC'D BY REGISTRAR

245. REGISTRAR'S SIGNATURE

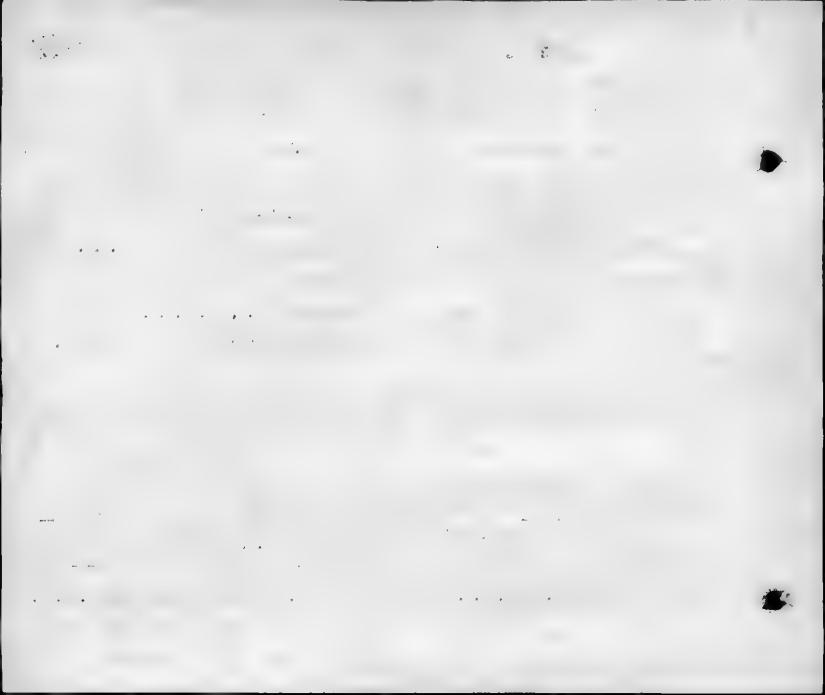
C.E. Hicks 111 - Annaphlis. Maryland

DATE MAR 21 '61

Cerebry S. France



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



TO HOSPITAL CE ATTENTING THYSICIAN: The law requires that the death certificate be executed within 24 haurs after a death that the may be retained by the hospital or attending physician.

Solve the company of the certificate has been signed by the attending physician and company the funeral company of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

MAKIL	AND SIAIS DEPARTMENT OF	DEALTH
DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
2640	CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAND

4	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edm.ssion) 6. STATE 6. COUNTY
	Anne Arundel MARYLAND	Maryland Anne Arundel
	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Annapolis 9 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	RURAL - Annapolis
1		e ON A FARM?
1	Anne Arundel General Hospital 3. Name of Middle	Rt-2, Box-620A YES NO NO.
ı	(Type or pdnt) Mary	JOHNSON DEATH March 15 19 61
V		DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
J	Personal No.	January 2, 1902 Lest birthdey) Months Deys Hours Min.
4		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House Ville	Maryland U.S.
	13. FATHER'S NAME	14. MOTHER & MAIDEN NAME
	- Ullen Channo	Muc forces
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 [Yes, Top ynkown] [lifyesgivewerordatesofserv.ce]	NFORMANT Address War And Address War and Alline
	18. CRUSE OF DEATH [Enter only one cause per tige for (e), (b, and (c),	an ville radii you fill by the linterval between
	PART I. DEATH WAS CAUSED BY:	2 14 Grantal Carte ONSET AND DEATH
	193.0 IMMEDIATE CAUSE (e)	The state of the s
	Conditions, if eny, which to	erelium 10 Crain
	gave rise to immediate cause	1
	(e), stelling the underlying cause last. (c)	
	PART I. OTHER S.GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	[8]	YES I NO I
	206 ACCIDENT WAS UNDERLYING JOR CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Iam 18.)
	O Section 1	CE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) rry, street, office bidg., etc.)
	Hour e.m. While Not While racio	
		Mar. 6,, 19.61 to Mar. 14,, 19.61 that (1) (32) last
		death occured at M, from the causes and on the date stated above.
	220 IGRATUE DA A A	ATTENDING MED. STAFF PHYS. TO STAFF
	M. 22c, PHYSICIAN'S	22d. ADDRESS
	NAME (Type) R. L. Richardson	110 Clay St., Annapolis, Md.
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	Burral 3-18-1961 Broader	ech stopparanet office
ľ	TO FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	Milla DI NECSETT (INTER III	DATE MAR 2 U 61 Cirthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

)	2641 CERTIFICATE OF DEATH	02621
٩	1. PLACE OF DEATH (2C, Film G20) 2. USUAL RESIDENCE (Where decessed lived, it instrutions e. COUNTY (COUNTY (C)	Rasidance before admiss on
	b. CITY OR TOWN (if outside corporate limits, write RJRAL and of the composite state of the	d give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (14 not in Maspital, give speed address) CLUUD VILLE (CEXE WILL) 3. NAME OF Figt Month	e. IS RESIDENCE ON A FARM? YES NO
	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19 AGE (In years IF UNDER	7_196/
	WIDOWED DIVORCED 2 173 yrs.	FIZEN OF WHAT COUNTRY?
۱	13. FATHER'S NAME	7 -
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC. AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((free give wer or deles of service)	- md
	18. CAUSE OF DEATH (Enter only one cause per I na for (ary (b), end (c).)	INTERVAL BETWEEN
ı	PART DEATH WAS CAUSED BY: HELL AND KIND AT 1 C LUCAL THE TELL 1	T could
	Conditions, if only, which (b) Fuder (Pollar Fit Cardio of auction of the policy of th	le many ex
	(a), stating the underlying DUE TO cause lest. (c)	70
	TOTAL TOTHER SIGNIPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PAR OR ACC DENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 1B.) OR CONTRIBUTING TO CAUSE OF DEATH !	T I(e) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (Coty or fown) (Coty or fow	Lnty) (State)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a., that (I) (we) last
	saw the deceased alive on	the date stated above. 22b. DATE SIGNED
	230. (BURIAL) CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, own or country) S-11-61 St. Johns	it file
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S	
	- Constitute 12. 7. Stelenally 1. A DATE arthury.	L. Hous

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after seath. The law as be retained by the hospital or attending physician.

I O PU AL DIRECTOR: After this certificate has been signed by the attending physician and complete the funeral refrector, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers, rages I and 2 should be being by the prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02622

1		4046		CERTIFICA	TE OF I	DEATH			UA	SUAG.
	a. COUNTY Ann	Anne Arundel		MARYLAND	2. USUAL RI o. STATE	Md.	ere deceased lived	. If institution b. COUNTY	Residence befo	ore admission)
	B. CITY OR TOWN (I RURAL and give no GAMOPI.	f outside corporate limi latest town) LLS	c LENGTH OF STAY IN 16	N Y	r town (if o Gambri	utside corporote li L116	mits, write RUR	At and give ne	arest town)	
	OR INSTITUTION	1, Box 6		oddress)	d. STREET	Rte.	1, Box	600		e. IS RESIDENCE ON A FARM? YES NO D
Ī	3. NAME OF DECEASED (Type or print)	Hen		Middle A •	Kaufm	ann.	4. DATE OF DEATH	Month Ma	rch 1	.9 Year
1	s sex M	6. COLOR OR RACE	7 MARE WIDOWI	RIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BI	RTH 12,]	los		UNDER 1 YEAR Months Doys	Hours Min.
1	10a. USUAL OCCUPATION during most of world Painter	ON (Give kind of work king life, even if retired	dane 10b.	Retirea		Baltin			USA	F WHAT COUNTRY
	13. FATHER'S NAME					R'S MAIDEN N				
	Adam Ka					ıry	Stupe			
	110	(If yes, give wor or dates of s	ervice) 2	20-05-7434	Mrs Ka	atheri	ne Kauf	Addres Mann,	same	as 2
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, C	ne for (a), (b) and (c)]	ei en		1000 6111 m	(ineso	- ON	ERVAL BETWEEN SET AND DEATH
	gove rise to i couse (o), stating lying couse lost.	mmediate (
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NOW PERFORMED?} \) YES \(\text{NOW PERFORMED?} \) YES \(\text{NOW PERFORMED?} \)									
	THE EITHER, NOTIFY									
	ZOc. TIME OF INJUR Hour o m. p. m.	Y Manth, Doy, Ye	While		ACE OF INJUR actory, street, of	Y (Home, form fice bldg., etc.	, 20f. (City or to	wn)	(County)	(State
	saw the deceo	ot (1) (this hospitol sed alive on) oftend	ded the deceosed from	- V		M, from the			nat (I) (we) los e stated obove
	220 SIGNATURE	الم الم	1	in, my	M D PHYS	Di	ED ST/ RECTOR PH	AFF YS. [2 20 6
	NAME (Type)	ODEC GIE	nber	g, M.D.	22d, ADI		ton, Mo			, ,
	230 BURIAL, CREMAT C	3/22/6	OF .	230 NAME OF CEMETERY O			23d. LOCATION		′′	(Stole)
1	24 FUNERAL DIRECTOR	7777	1	ADDRESS .	ark U		D BY REGISTRAR	imore	RAR'S SIGNATU	IRE
	Hopping	and Kirk	Ley,	Glen Burnie	Md Md	DATMAF	21 '61	Cirilu	on S. Kines	A

with ■R ATTENTING FHYSICEM: The law equires that the death certificate be executed within 2# hours after Beath. Page 4 y the funeral director, 2 should be filed with TO HOSETAL VR A1S (4) 1SM 9/59

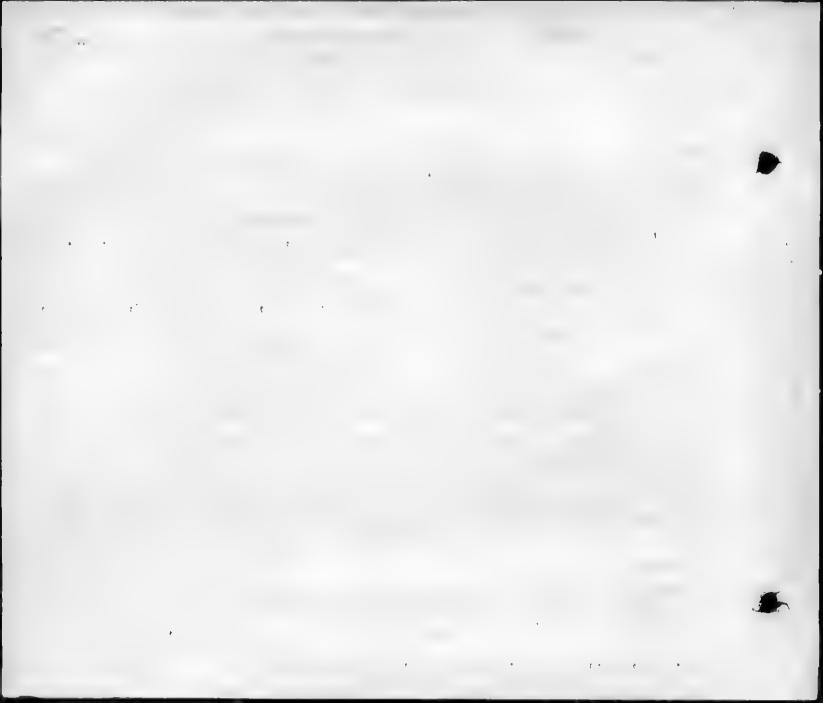


TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral directar, d 2 should be filed with may be relained by the haspital ar attending physician. TO FUNE 41 DIRECTOR: After this certificate has been signed by the attending physician and campletely filtipoge. Poge to build be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. **C**

VS A15 (4) 15M II/55

	2643 CERTI	IFICATE OF DEATH	-1	Reg. Dist. No.02623
	O. COUNTY Anne arundel MARY	YLAND 2 USUAL RESIDENCE (WI	here deceased lived If institution, b. COUNTY	Residence before admission) A, Q.
	b. CITY OR TOWN (If outside corporate limits, write ROTAL and give nearest town) Unhapolis	IN 16 Churc	entide corporate limits, write RYR.	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION OF THE ATTENDED TO THE CONTROL OF	d STREET ADDRESS	in Manor	e. IS RESIDENCE ON A FARM? YES NO
in the	3. NAME OF DECEASED (Type or print) Clorence S.	Keller	4. DATE Month DEATH March	2 14 1961
	5. SEXMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCE	9/10/1874	lost-birshday) N	Online Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during post of work no life, even if retired) (ret d) Musician	York,	Pennsylvania	U.S. A.
	Jacob F.Keller		. Martin	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO [Yes, no. or unknown] (If yes, give wor or dotal of service)		Address	
ŀ	578-10-8782		r, Franklin Man	or, Churchton, M
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY:	. /		INTERVAL BETWEEN ONSET AND/DEATH
	MAMEDIATE CAUSE (0) DIESTING ESC	ophaseal vario	<i>ES</i>	5 days
	DUE TO	= of Liver		unk warmen
1	Canditions, if ony, which gove rise to immediate (b)	3 01 11001		VICICALION
	cause (a), stating the under-			
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE. 200 ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER	ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		OCCURRED. (Enler nature of injury in	Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work at work	20e PLACE OF INJURY (Home, form factory, street, office bldg., etc	20f (City ar town)	(County) (State)
1	21. I certify that I attended the deceased from Feb.	17 , 1961 , to_!	Viarch 14, 1961	hat I last saw the deceased
	alive an March 14, 1961, and that	death accurred at 150		d on the date stated above.
	SIGNATURE Willard F. Smith		ADDRESS (Street, city or town, sto	3/15/61
	PHYSICIAN'S WILLARD F. SMIT	T4, MD	Shady Side	Moryland
	22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEM	ETERY OR CREMATORY	22d. LOCATION (City, town, or o	ounty) (Stole)
-		d Cemetery	Hampstead, Mc	
V	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			AR'S SIGNATURE
3.	Wm. Cook, Inc., 1217 St. Paul Street	, Zone 2 DATEMA	R 2 0 '61 Corth	of S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2644 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH o. COUNTY MARYLAND Anne Arundel the funeral should by fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 GYENX BOTTKEX Earleigh Hts. 15 yrs GiraxxBraxXXX Earleigh Hights. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Por Dox 54 Pasadena P.O., Md. same as 1-d. NAME OF 4. DATE DECEASED Alfred nevin Kelly Jr. DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED B. DATE OF BIRTH Male White widowed 1925 DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during post of working life, even if retired) CONSTRUCTION BALT. 100. construction 13. FATHER'S NAME ALFRED NEVIN SR (DEC) MRB ELIZ. BOSS 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE-Elizabeth Kelly-sane address. 140 -18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute myocardial infarct-posterior wall DUE TO Previous infarct.same area. Conditions, if ony, which ? gove rise to immediate DUE TO cotise (a), sloting the underlying couse last PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Previously overweight, borderline hypertension. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No injury. 20c, TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) 20d. INJURY OCCURRED Year factory, street, office bldg., etc.) While Not while of work 21. I certify that I attended the deceased from 9 Feb olive on 29 March ____, and that death accurred at 11:30 M, from the causes and an the date stated above. ACTUAL 2 H.F. Manuzak, M.D. PHYSICIAN'S NAME (Type) Glen Burnie, Maryland. FUNE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Glen Haven Cemeterv Glen Burnie, Maryland

3 mt April 161

ADDRESS

Glen Burnie, Md.

24g. REC'D BY REGISTRAR

DATE ADD A

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 62624 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY A. Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES T NO 16. March 9 AGE (In years lost birthdoy) 2 5 yrs. IF UNDER I YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY USA INTERVAL BETWEEN ONSET AND DEATH sudder 7wks ago. PERFORMED? YES NO TO (County) (Slate) 1961, to 30 Marck 1961, that I last saw the deceased ADDRESS (Street, city or town, state) 425 S. Ritchie Hwy.. 30 March 1961

(Stote)

24b. REGISTRAR'S SIGNATURE

. 2 X . - [] 1. 1 ± 7 .

CERTIFICATE OF DEATH 2645 Rea. Dist. No. with director, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) filed a. COUNTY b. COUNTY MARYLAND b/CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c ATTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
MEDOVE NOTENNI e. 15 RESIDENCE ON A FARM? YES NOF NAME OF 4. DATE Year DECEASED mmm (Type or print) DEATH 19 0 SEX AGE (In years... IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B DATE OF BIRTH last birthdoy)/ Months Days EMAL WIDOWED X DIVORCED | popers. yrs. Toa USUAL OCCUPATION (Give kind of work dane 10b/ KIND OF BUSINESS OR INDUSTRY 11. BIRTHRUCE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? oth. during most of working life, even if relired) oug pou 13. FATHER'S NAME 14/MOTHER'S MAIDEN NAME physician Car поче 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** þ Conditions, if any, which (b) gove rise to immediate à **DUE TO** couse (a), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Day, 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.1 Q. m While Not while of work of work 21. I certify that I attended the deceased from 19.6.L.,that I last saw the deceased and that death accurred at alive an M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, DATE SIGNED ACTUAL SIGNATURE D HOSPITAL PHYSICIAN'S NAME (Type) FUNE oge 3 220 BURIAL, CREMATION, DATE THEREOF 22c/NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) & pode (Stole) REMOVAL (Specify) UKIAL JALTO 9 0 FURIERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) Chilling S. Krave 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed fived, if institution: Residence before edmiss of a. COUNTY 1,2 1,2 MARYLAND b. CITY OR TOWN (if outs de corporata lim ts, E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) <u>۾</u> write RURAL and give neerest town) .5 -SUL YULUN Illed i d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, IS RES DENCE ON A FARM? YES NO TX X 3. NAME OF DECEASED OF (Type or print) DEATH 196 AGE (In years | IF UNDER 1 YEAR; IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWEDK DIVORCED physician 10a. LSUAL OCCUPAT ON (Give kind of work 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) UNKNEWN 13. FATHER'S NAME LNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (if yes give wer or detay of service) MIKNOWA 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN paus IMMEDIATE CALSE (a) DUE TO gave risa to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY certificate PERFORMED? NO 030 200 ACCIDENT WAS UNDERLYING ! 20b DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Part, or Pert II of item 18.1 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY [Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, offica bldg., atc.) Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on...... DATE 61 SIGNED 22a. SIGNATURE ATTENDING M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 236. DATE THEREOF OFB 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIG VR A15 (4) 15M 9/60

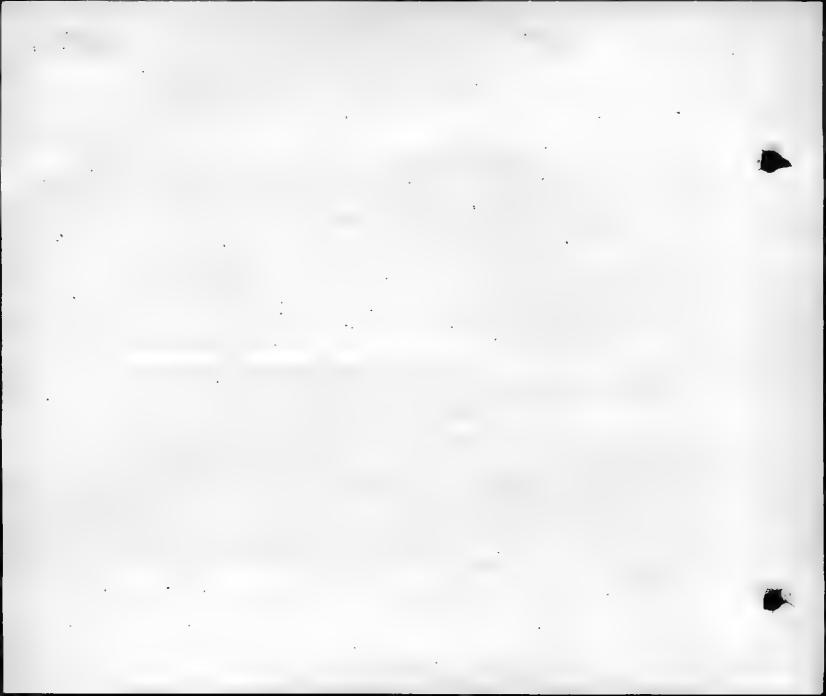
· ;.. 10" 3

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 2648 CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY b. COUNTY MARYLAND 11006 the funeral should be fil b. CHY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town WUARDO APO d NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? YES NO 5 NAME OF First Middle 4. DATE Manth Day Year DECEASED y fille depth DEATH (Type or print) 19 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) S. G. Months Days Haurs Min WIDOWED D DIVORCED [yrs. paper 10g USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) during most of working ife, every if retired) 4BLIC puo 400 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME physicio 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. affending 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a **DUE TO** þ Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underite has been sig burial-transit p lying couse ast 19 WAS AUTOPSY GIVEN IN PART 1(o) PERFORMED? YES NO cremat ending 20g ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 80 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (State) (County) factory, street, affice bldg., etc.) Hour a m While Not while p. m. at work at work After -20, 1901, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at M. from the causes and an the date stated above 1960 DIRECTOR: saw the deceased alive an 22n SIGNATURE 22b, DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR 22c PHYS CIAN S 22d ADDRESS TALMER JR. NAME (Type) may be 23b. DATE THEREOF 23a BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d/toCATION (City, town, or county) (State) page the St REMOVAL (Specify) 20 FUNERAL DIRECTOR S SIGNATURI 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) Cirilian & France 1SM 9/59

HOSPIT



AARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed I ved, If institution: Rasidence before admission) e. COUNTY a. STATE b. COUNTY Anne Arundel Maryland MARVIAND Anne Arundel b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital A Murray Ave 3. NAME OF 4. DATE Middle Last DECEASED OF (Type or print) DEATH Edward LEONARD March 16. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE Un years IF UNDER 1 YEAR last birthdey) Months and Male DIVORCED September 22,1907 White WIDOWED -10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Marvland 14. MOTHER'S MAIDEN NAME 1 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((fyesgive wer or detes of service) 18. CRUSE OF DEATH (Enter only one cause, per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) geva rise to immediate cause DUE TO (e), stefing the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this propriet) attended the deceased from DEC. 1959 to MAr. 27. 1961, that (I) 666) last 22a. SIGNATURE ATTENDING MED. STAFF 6600 PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) James R. Martin Shaw St., Annapolis, Md. BURIAL, CREMATION, 236. NAME OF CEMETERY OR CREMATORY 23d. AOCATION (City, town or county) OVAL (Spacify) 0 250. REC'D BY REGISTRAR | 200. REGISTRAR'S SIGNATURE VR A15 (4)

. IS RESIDENCE ON A FARM?

YES NO XX

1961

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> S AUTOPSY PERFORMED? NO

> > (Stete)

22b. DATE

Cirthun S. France

SIGNED

15M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND OR STAJE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) . COUNTY Health, prel director, Page of for your files. **b.** COUNTY Anne Arundel Maryland MARYLAND Howard b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give nearest town) for your f Board of t write RURAL and give nearest town) Dorsev Harwood Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Baltimore-Washington Expressway Stale YES NO X Athol Avenue death. NAME OF Middle 4. DATE Month DECEASED OF the the 8. Give Pages 1, 2, and 3 to th (Type or print) HENRY DEATH 1961 JOHN TADMES March with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. and 2 w lest birthdey! Months House WIDOWED [DIVORCED Male 10s. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) pages 1 Disabled Veteran for 27 years USA Huntington. N. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Oxenny Greelev Henry J. Lewis 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANT permit. (Yes, no, or unkown) (If yes give wer or detectiservice) (wife) Mrs. Helen Lewis First World War in mencil in frem 18. CRUSE OF DEATH (Enter only one cause per I ne for (e), (b), and (c)] INTERVAL BETWEEN e along ONSET AND DEATH IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease end Office **DUE TO** burial. Conditions, if eny, which geve rise to immediate couse 0 pending" DUE TO (e), steting the underlying Examiner 98 pesn cause lost. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6, 19, WAS AUTOPSY CERTIFICATION PERFORMED? cult the certificate, writing the word se forwarded to the Chief Medical E.AL DIRECTOR: Page 3 should be YES TE NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f, [City or fown) 20c. TIME OF INJURY Month, Day, Year [County] (Stote) fectory, street, office bldg., etc.] While Not While Hour a.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection Inquiry and in my opinion Natural causes X Suicide Homicide Undetermined manner death resulted from. Accident CHIEF MEDICAL EXAMINER designated ARREST VERNE ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 8 DEPUTY MEDICAL EXAMINER 3/6/61 EXAMINER'S Russell S. Fisher. NAME (Type) Address (Street, city, town, or county) 224. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Z40 Burial Baltimore National Cem 23. FUNERAL D RECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S VS. ATSME Howard Hubbard 4107 Wilkens Ave. 5M 7/59 DATMAR 8_ '61

AARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TAL DIMETERS After this merificate has been signed by the attending physician and complete filled in by the funeral and complete as the burial-transit permit. Then please remove carbon page 5 Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon page 5 Pages 1 and 2 should be be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MADVIAND STATE DEDADTMENT OF HEALTH

/VI	WKITWING SIWIE DE	LWKIMENI OF DEWY		
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON STREET	T, BALTIMORE I, MARYLAND	-
ZODI	CERTIFICATI	OF DEATH	T, BALTIMORE I, MARYLAND	3

~	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)					
M)	ANNE ARUNDEL MARYLAND	o. STATE MARYLAND b. COUNTY ANNE ARUNDEL					
	b. CITY OR TOWN (if cutside corporate I mits, write RURAL end give necrest town)	A C. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest fown)					
	ANNAPOLIS 13 YRS.	ANNAPOLIS					
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
- /	USNH ANNAPOLIS, MD.	18 N. GLEN AVE. YES NO X					
	3. NAME OF First Middle DECEASED	Last 4, DATE Month Day Yeer					
	(Type or print) EDITH HILL	MATTIE DEATH MARCH II 19 61					
A	6. COLOR OR RACE 7, MARRIED NEVER MARRIED . 8.	DATE OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.					
4	FEMALE CAU WIDOWED DIVORCED	8-15-05 last birthday) Months Days Hours Min.					
No. of the last	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?					
	HOMEMAKER	MASS. U. S.					
	IS. PATREKS NAME	14, MOTHER'S MAIDEN NAME					
	JAMES DICKEY HILL	ELIZABETH BURROWS					
	{Yes, no, or unkown} (Ifyesgivewarordatesofservice)	NFORMANT Address					
	_No	ISNY Annapolis, Marylano					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE ABDOMINAL ABSCESSES 10 DAY						
	DUE TO METASTATIC CAN	RCINOMA OF COLON 14 Yes					
	Conditions, if any, which (b)	RCINOMA OF COLON					
	gave rise to immediate cause DUE TO						
	cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
		YES 🔀 NO					
-	☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)					
		CE OF INJURY (Home, farm, * 20t, (City or town) (County) (State) bry, street, office bldg., etc.) (
	p.m. 19 et work et work						
	21. I certify that (I) (this hospital) attended the deceased from						
	saw the deceased alive on 3-10 19.61, and that	death occured at1230PMom the causes and on the date stated above.					
	220. SIGNATURE	22b. DATE ATTENDING MED, STAFF SIGNED					
	dy Mark dusel M.	D. PHYS. DIRECTOR PHYS. X 3-1-6					
	22c. PHYSICIAN'S V NAME (Type) C (AL) PHOCH & T MO HIGHD	22d. ADDRESS					
Ñ,	S. (N) BUSCH LT MC USNR	USNH ANNAPOLIS, MD.					
	230, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. COCATION (City, town or county) (Stele)					
	Durial Mar 14-1961 Raval Clea	demy Cent Amapoles Med.					
14	24 FUNERAL DIRECTOR'S SIGNATURE CADDRESS CADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. MAR 1 4 '61 Arthur S. Frank					
11 ,	- In tager	DATEMAR 1 4 '61 Circlus S. Thrus					



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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265	2	CE	RTIFIC	ATE	OF	DEATH

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	1, 6	PLACE OF DEATH COUNTY A. A. Co.		MARYLAND	2. USUAL RESIDENCE (10. STATE Maryland	Where deceased	lived. If institution b. COUNTY	.A. Co		on)
1) t	b. City OR TOWN (If autide corporate lim RURAL and give nearest town) Pasadena	its, write c LENGTH	OF STAY IN 16	Pasadena	If outside corpore	ote limits, write RU	RAL and give n	earest town	
	,	d. NAME OF HOSPITAL (If not in hospital, por institution 127 Club Road	give street oddress)		d. STREET ADDRESS	Road	_	_	e. IS RESI ON A YES	
		NAME OF Fil DECEASED (Type or print) We	Middle Mile	Lost S	4. DATE OF DEATH	Mont March 7	h [-,	961	
	5 S	ex 6. COLOR OR RACE Male White	7 MARRIED ☐ NEV	PER MARRIED DIVORCED	B. DATE OF BIRTH Oct.30,1887	5	AGE (in years last birthday) 73 yrs.	Months Doys		R 24 HRS Min.
	Re	USUAL OCCUPATION (Give kind of work during most of working life, even if retired to Clerk-Supreme Coffather's NAME		usiness or indu te of Md	10 - 3 1.	imore, M	iaryland	12 CITIZEN C	S.A.	OUNTRY?
	13.	S. Milton Miles								
)	15	WAS DECEASED EVER IN U.S. ARMED FOR	RCES? 16. SOCIAL SEC	URITY NO 17.1	NFORMANT	odensick	Addre	955		
	(Yer	(1) yes, give war or dates of	service]		rs. Miriam E	slinser-	1619 Way	erly Wa	v.	
	NO		Hype	rleus	2CON	RMINAL DISEASE	CONDITION GIVI	N IN PART 1(a)	5 - 5 19 WAS /	LELA
3	CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES 1 NO S								
. #		PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NOW 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	20c TIME OF INJURY Month, Day, Ye Hour o.m. p. m.	20d. INJURY OCC While Not w at work of wor	hile fr	LACE OF INJURY (Home, footfory, street, office bldg,	arm, 20f. (City etc.)	ar tawn)	(Count	у)	(State)
/		21 I certify that (I) (this bospital saw the deceased alive an approximately and approximately appro			MD ATTENDING ATT	MED DIRECTOR D	the causes and	1961. I an the da	te stated	,
	Eu	BURIAL, CREMATION 23b DATE THERE(REMOVAL (Specify) 117121 3-11-61	Lo	ne of CEMETERY	k	Ba]		Marylan		=)
1	24	FUNERAL DIRECTOR'S SIGNATURE	16th and	there is	a (Cica) 250. RI			TRAR'S SIGNAT		

TE HESPITAL OR ATTINDINE MYSELIAN: Tile law remuires that the demith certificate be executed within 24 haurs after death. Page 4 may.

TO FUN

DIRECTOR: After this certificate has been signed by the attending physician and completely fille.

DO FUN

DO F

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND the funeral c b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KURAL and give nearest lown) NAME OF HOSPITAL (If not in hospital, give street-poddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUT ON A FARM YES NO Middle NAME OF 4. DATE Month Day Year DECEASED OF fille ages death. (Type or print) DEATH 19 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS MARRIED NEVER MARRIED completely lost birthdoy) ofter Months Days DIVORCED [WIDOWED [papers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY/11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, every fretired} pup 14. MOTHER'S MAIDEN NAME physician remove 17. INFORMANT TS, WAS DECEASED EVER IN U. S. ARMED, FORCES? 16 SOCIAL SECURITY NO ottending 1B. CAUSE OF DEATH | Enter only one couse per the for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ permit. Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (a), stoting the underbeen si lying couse lost PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🗷 20b DESCRIBE NOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stole) foctory, street, office bldg., etc.) Hour om. While Not while of work of work p. m attended the deceased from 3 - 93-3-63-, 19.61, that (1) (we) lost 21. 1 certify (that (1) (this hospital) 1961, to sow the deceased alive. , and that death occurred at _____M, from the causes and on the date stated above. 220 5 GNAT 22b DATE SIGNED ATTENDING PHYS STAFF M D DIRECTOR

ADDRESS

23d. LOCATION (City, town, or county)

Chilling & Krous

250 REC D BY REGISTRAR DAMAR 2 7 '61

uned by the DIRECTOR: ő PIS O FUNE page 3 the Stat 15M 9/59

VR A15 (4)

BURIAL CREMATION. REMOVAL (Specify)

24 FINERAL DIRECTOR'S SIGNATURE



BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence Defore admission) e. COUNTY Page director, Pag or your files. MARYLAND b. CITY OR TOWN (it altiside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wate RURAL and give neerest fown) ö d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, g ve street address) . IS RESIDENCE ON A FARM? RNOIC YES TO NO DE NAME OF Middle DATE Month DECEASED the [Type or print] DEATH 19 with B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED rihdey] Months I Devs Hours DIVORCED WIDOWED 1De. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page during most of working lite, even incetired Ch. War- Of 8. Give Pages 50 P.M.3. 13. FATHER'S NAME pag 16. SCIAL SECURITY NO. Address permit, (If yes givelyer or dates of service) CAUSE OF DEA INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gove rise to immediate couse DUE TO (a), stating the underlying Examiner cause lest. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 NO Medical should 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | age 3 sh to burial CAUSE OF DEATH. 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, ferm,) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (Stelle) fectory, street, office bldg., etc.) Not While While Hour a.m. forwarded to the et wark et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from. Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL DEPUTY MEDICAL EXAMINER P **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 220 BURIAL CREMATION. 22b. 22d. LOCATION (City, town, or country) 40 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE A15ME MAR 2 3 '61 certhing S. Haus 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS

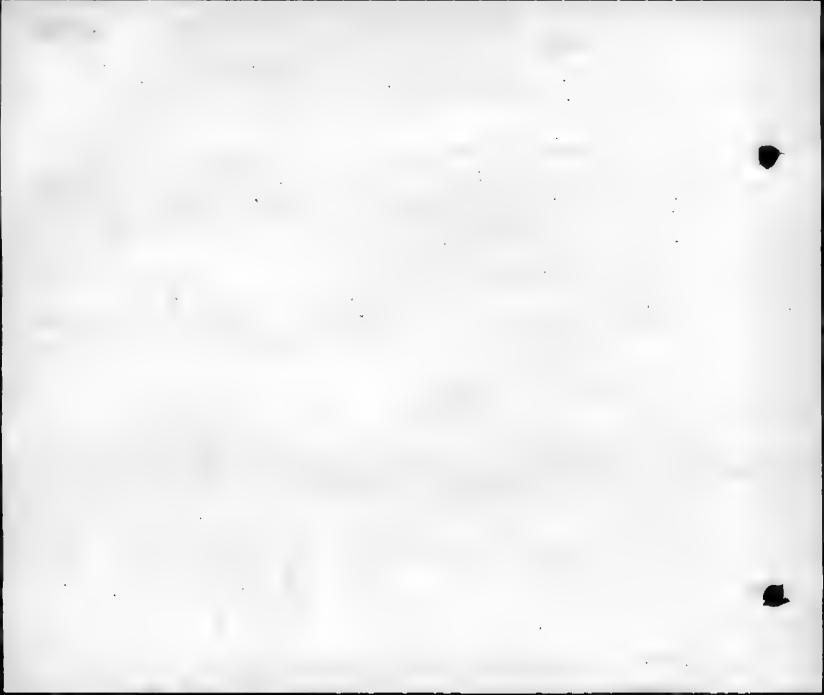
2655 **CERTIFICATE OF DEATH** 02635

		4000							
1. F	L COUNTY	20	MARYI	g STATE	SIDENCE (When		f institution- Residen	ice befare adm	'ssian)
Ė	CIDYOR TOWN (I	f autside carporate limits, v	vrite c. LENGTH OF STAY I	N 1b c. CITY O	R TOWN UF out	side corporate limit	, write RURAL and	give nearest to	wn)
(OR INSTITUTION	ROUTE 1	street address)	d STREE	POUT	= 178	L	ON	ESIDENCE A FARM?
	NAME OF DECEASED Type or print)	Wint .	Middle Y CL	mo	ran	OF DEATH	Manth 3	18	Year 196/
5 5	Female		MARRIED NEVER MARRIE	- 1// A	22 /8	384 9. AGE (last b)	In years IF UNDER rithday) Manths yrs.	Days Haur	
10a	USUAL OCCUPATION during most of work	ON (Give kind of work danking life, even if retired)	10b. KIND OF BUSINESS OF	NOUSTRY 11. BIRTH	MelaCE (State of	foreign country)	nd 12 CIT	ZEN OF WHAT	COUNTRY
13	James	Callow	ay	14 MOTHE	R'S MAIDEN NA	h W	Raley	, de	
		R IN U. S ARMED FORCES		Ma. Joh	w M	oran	Address # 2		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line far (a), (b), and (c).	Topron	nbosis Dis	uarl		INTERVAL ONSET AN	
	gave rise ta i cause (a), stating lying cause last.	mmediale (DUE TO			7 24.			fust	Hinn
CERT.FICATION	PART II OTH		ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMIN	AL DISEASE CONDI	TION GIVEN IN PAR	PER	S A JTOPSY FORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	D. DESCRIBE HOW INJURY OF	CCURRED (Enter nature	e af injury in Pa	irt I or Part II of ite	m 18.)		
MEDICAL	20c. TIME OF INJUR Haur a.m. p.m.		20d. INJURY OCCURRED While Nat while at wark ot wark	20e PLACE OF INJUR factory, street, of		20f. (City or fawn	(County)	(State
	21. I certify that saw the deceas	// //	ittended the deceased	fram Juliu that death accur	red at 122/1	A, from the ca		£, that (i) e date state	
	22a. SIGNATURE	Thous	Stephen	ATTEND	₩ DIRE	STAFF			226 DATE SIGNED
	22c PHYSICIAN'S NAME (Type)			22d ADI	DRESS 38	Carrolell	Commy	uls 7	H
230	BURIAL, CREMATIC REMOVAL (Specify)	MAR 22	-61 CEDAR	HILL C	EM.	A. A.	y, town, ar county)	N	D ,
24.	JOHN A	1. TAYLOR.	SON ANNA	LPOUSN	250 REC'D		256, REGISTRAR'S SI	4 .	

by the funeral director, 2 shauld be to TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may brecined by the haspital ar attending physician.

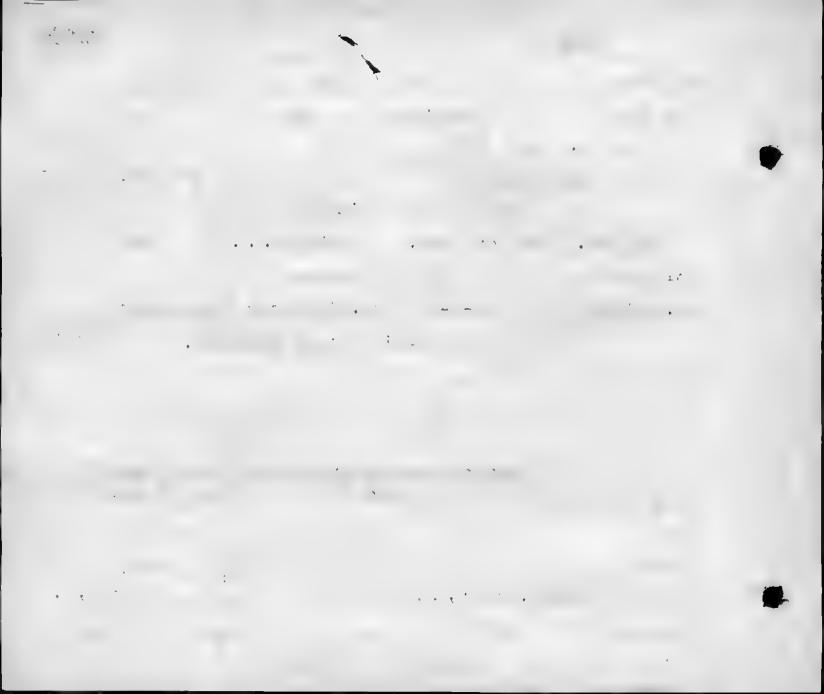
TO FUNE

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 smould be Letached far use as the burial transit permit. Then pleam remaye carban papers Pages the State Board of Health prior to burial, cremation, ar remayal, and in any myem, within 72 haurs of permethen. VR A1S (4) 1SM 9/59

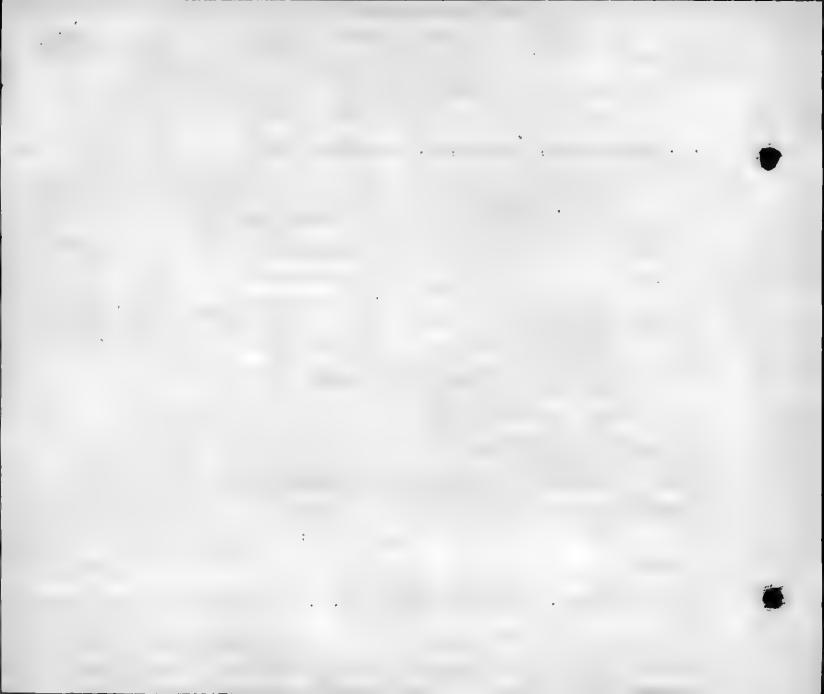


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission) I director. Page or your files. oard of Health, e. COUNTY b. COUNTY MARYLAND Same Same nne Arundel b. CITY OR TOWN (if outs'de corporeta limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give naarast town) Baltimore 25
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Few minutes Same d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 229 Berlin Ave. Potapsco Park YES NO X Samo 3. NAME OF M ddla 4. DATE Month DECEASED (Type or print) Norman Muldrow DEATH March 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. lest burthday) WIDOWED TY D. YORCED [10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Self employed. No work for 3 years. Darlington.S.C. USA pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Irvin Muldrow Emma Lunn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address [Yes, no, or unkown) | [[fyesgive werordales of service] 218-10-3013 Mrs. Philip Marner (Oldest daughter) Yes. World War No 1 218-10-3013

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Self strangulation with a clothes line. Few minutes IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause (a), stating the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? 8 NO Y pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Pert II of item 18.) PRIMARY TO ONTRIBUTING Placed a clothes line around his neck that he fastened to a rafter of 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (State) Force fectory, street, office bldg., atc.) While Not While at work Baltimore 25. A.A. Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Y. and in my opinion death resulted from: Natural causes Accident Suicide Y Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Gustave H. Faubert, M.D. Glen Burnie Md. Addrass (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d., LOCATION (Lity, lown, or country) g 40 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME artimor & Herres



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 11263 2657 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed ANNA ARINDET. MARYLAND ANNE ARUNDET b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) should SEVERNA PARK ANNAPOLIS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? MANHATTEN MANOR YES T NO IS HOSPITAL ANNAPOLIS NAME OF First Middle 4. DATE Month Day Yeor DECEASED PAIN. NORMAN (Type or print) MYATT DEATH MARCH 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days MATE CAUC. WIDOWED [7] DIVORCED | 18 MAY 1912 Comple 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ENLISTED USN MASSACHUSETTS UNITED STATES 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph MYATT Annie BEACON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Wife) Frances MYATT, SEVERNA PARK, MARYLAND YES 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? OBSTRUCTION - CASTOMACH TESTINAL YES TY NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. (County) (State) foctory, street, office bldg., etc. Hour a.m. Not while of work of work 21. I certify that I attended the deceased fram 8 February .. 1961 .. to 10 March ... , 1961 ... that I last saw the deceased ___, and that death accurred at 3:04P_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 10 March 1961 PHYSICIAN'S Stephen 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE · SOLV arthur & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2658 funeral BI BARAR BAR 2. DATE OF DEATH 1. NAME OF DECEASED March 26, 1961 (Type or Print) by the and 2 death. 4. USUAL RESIDENCE (Where deceased lived If institution residence before admission) B. COUNTY Urunda Colembe (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Pages filled FULL NAME OF If autside city limits, write RURAL and give township) HOSPITAL OR C. CITY OF TOWN INSTITUTION 4109 Bellgrore Baltimor 25. Ind. 9. AGE (In years lost birthday) carbon 7. SINGLE! MARRIED If Under 1 Yr. If Under 24 Hrs. 6. COLOR OR RACE 8. DATE OF BIRTH S SEY and WIDOWED, DIVORCED (Specify) Months! Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? physician HPLACE (State or foreign country) 10e, KIND OF BUSINESS OR INDUSTRY 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even CARULINA if retired) please 13. FATHER'S NAME 17. INFORMANT 5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. MR. PARKER . WIE MILLS. (Yes, no or unknown)! (If yes, give wor or dotes of service) attending physician. as been signed by the permit. INTERVAL BETWEEN **CAUSE OF DEATH** 18. ONSET AND DEATH After this certificate has been signed detached for use as the burial-transit in # denocate nome of S. J. Bay DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION Dept_of Health OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. may be re-CO...ALST OBSY? IF OPERATION WAS RELATED TO CAUSE OF SE. H, ENTER IN PART I OR PAR/ II 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 22. (certify that (I) (this haspital) attended the deceased from... ___, that (I) (we) last saw the deceased alive on__ and that in (my) (our) opinion death accurred at 34 P.m., from the causes and on the date stated above. ERAL Bolting 23c. DATE SIGNED TO deal director, po filed be filed. 642 Washington Blu. # 30,16 March 26, 1966 23A. SIGNATURE MEL DIRECTOR ATTENDING PHYS. 24A, BURIAL, CREMATION, 246. DATE REMOVAL (Specify) 15M 9/60 258 NAME OF REGISTRAP 25A. DATE REC'D BY HEALTH DEPT. MAR 2 7 '61 Circles S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH iwk 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate daceased I'ved, If institution: Residence before edmission) a. COUNTY a. STATE Anne Arundel Anne Amundel MARYLAND b. CITY OR TOWN (if outs de corporate timits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Washington Street, Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Anne Arundel General Hospital Washington YES NO 3. NAME OF 4. DATE Middle DECEASED OF (Typa or print) DEATH Samuel March 19 67 6 COLOR OR RACE T MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER I YEAR! IF UNDER 24 HRS. last birthday) Months Deys Hours Male Negro WIDOWED I DIVORCED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUST forarge country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most # working life, even if retired) EATHER'S NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, wayou unknown) Vigos giva war or dates of sarv cal Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL SETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immediate causa DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 [8] 1 19. WAS AUTOPSY PERFORMED? NO TO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part || of stam 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State) Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work 22b. DATE 22a. SIGNATURE **ATTENDING** SIGNED MAED STAFF DIRECTOR PHYS. PHYS. M.D. RHYS CIAN'S 22d. ADDRESS 22c. NAME (Type) Cathedral St., Annapolis, Md. John L. Hedeman BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (State) 23e. 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE MAR 1 5 '61 arthur & Krous

DATE

funeral the i death. and 9 ,c -Pages Pa COLL carbon and event, physician remove ding Ple been has certificate 83.5 After DIRECTOR: Be 4 0 VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No[] 2640 2660 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Lothian Lexis Rx Mary Lancounty Anne Arundel MARYLAND b. CITY OR TOWN (If outside corparate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lothian Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARME McKmdree McKendree Road Road YES NO 4. DATE **First** Middle Month Day Yeor Powell DEATH 19 1961 Alexander March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lest birthdoy) 1-20-1896 Months Days WIDOWED DIVORCED [12. CITIZEN OF WHAT COUNTRY? Anne Arundel Co. Md. U.S.A. 14 MOTHER'S MAIDEN NAME Unknown Unknown 17. INFORMANT Address Gladys Stergiou- 27 Larkins St. Anna. Md. Unknown INTERVAL BETWEEN ONSET AND DEATH Shot gun wound right side of neck (suicide) IMMEDIATE CAUSE (6) DUE TO **DUE TO** PERFORMED? YES NO | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) General Laborer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. No CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 1. 3 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while While 9:40 p. m. at work at work Lothian Md 21. I certify that I attended the deceased from. Aut it all . 19____, ta______, 19____,that I last saw the deceased alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Kefeuty Coronal -PHYSICIAN'S Emily H. Wilson M.D. NAME (Type) 220. BURIAL CREMATION. 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) Burial (Specify) Drury - Maryland 3-23-61 Moses ADDRESS 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR MAR 2 3 '61 C.E.HICKS 111 Annapolis, Maryland Cirching S. House

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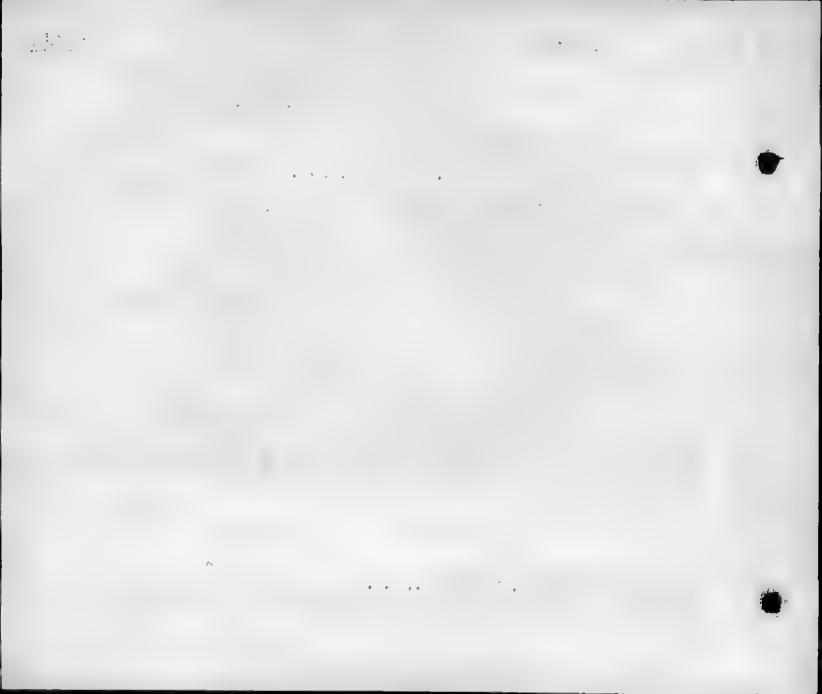
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I	ems 18-21 Film 285 4 MARYLAND STATE DEPARTMENT OF HEALTH
14-	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	2661MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02641
EALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)
≥ 8 g 重 / 图	Anne Arundel MARYLAND 6. STATE Maryland 6. COUNTY Anne Arundel
files Heal	b. CITY OR TOWN (if outs'de corporete limits, write RURAL end give nearest town)
of our	wide RURAL and give neerest town) Shadyside
dire dire	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. 15 RESIDENCE
de Bod fe	ON A FARM? YES NO DE
Statt death	3. NAME OF First Middle Last 4. DATE Month Day Year
The Tree	(Type or print) Maurice B. POWELL, JR. OF DEATH March 22. 1961
affe affe	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
ter dez 5 may 5 may d 2 wi hours	Male Colored WIDOWED DIVORCED 9-19-1957 Sest birthdey) Months Days Hours Min.
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2 8 8 -	1. Cashington, D.C. U.S.A.
Ma. Pages	13. FATHER'S NAME
	Manney B. Forwell - Fannie White
Vithia 8. Giv form it. File event	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yas, no, or unkown] [liyesgive water dates of service]
od v mith iith my my	Maurice B. Powell Thadypide
E E E	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:
cil i	IMMEDIATE CAUSE (a) Severe brain swelling following cardiac
d be	16 X DUETO arrest during circumcision.
or o	Conditions, if any, which (b)
ing's sas	(e), stating the underlying DUE TO
min sed a	couse lest. (c)
Dispersion (PERFORMED?
This co word word dical E uld be cremat	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI
R: The value of th	PRIMARY Or CONTRIBUTING Severe brain swelling following cardiac arrest during
ing and	Careling Casa On
writii writii Chii age	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stete) Hour a.m. 3/20/61 ₁₉ at work of et work Hospital Anne Arundel Md.
Cate, vo the OR: Point	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
Otto Care Control	death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
SE G	CHIEF MEDICAL EXAMINER
MEDICA e the cartificonvarded forwarded i DIRECT	ACTUAL WALL DATE SIGNED
IY Necute be for RAL ignarity	DEBLITY MEDICAL SYAMINED March 23, 1961
ecute the forward be forward be forward be forward. D	NAME (Type) William V. Lovitt, Jr., M.D. Address (Street, city, town, or county)
should be for	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cliy, town, or country) (State)
0 0 4 0 9	Burg 13.25-1961 St. Mathow's Shadwards ///de
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS AAR 2 4 '61 AAR 2 4 '61 AAR 2 4 '61 AAR 2 4 '61
5M 7/59	William Rose II annapolis, Md. DATE 24'61' arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before e. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outs de corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Washington, D.C. 14 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? District Training School Children's Center 426 - 6th St. N.E., Apt. 104 YES NO 3. NAME OF 19 61 (Typa or print) DEATH Davi d Roesha Pugh March 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED lest birthdey) March 6. Male Negro WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) nstitutionalized Washington. D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wesley Pugh Arlene Beachem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive weror detesof servica) SOCIAL SERVICE CHILDREN'S CENTER LAUREL, MD. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN Immediate PART I. DEATH WAS CAUSED BY. Aspiration IMMEDIATE CAUSE (a) DUE TO Hypoplasia of the brain with hydrocephalus Conditions, if any, which (15) gava tise to immediate cause DUE TO (e), stating the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES INO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or fown) (County) factory, streat, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 12/1/60ATTENDING STAFF PHYS. DIRECTOR March 8. 1961 PHYS. 22d. ADDRESS 22c. PHYSICIAN . Boy Land. Children's Center, Laurel, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Spacify) District Training School Mar 9. Laurel. 25e, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR

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DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before edimission) . COUNTY e. STATE **b.** COUNTY Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) 10 days Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, g ve street address) d. STREET ADDRESS Anne Arundel General Hospatal West St 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH RAGIE ۵ Bonnie Gay March and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX AGE (In years of UNDER I YEAR 7 lest birthday) Months Female White WIDOWED [DIVORCED March physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Stete, or foreign country) done during most of working life, even if retired) rone Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Charles Samuel RAGLE Marylin Joann SWIGERT ם 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Hospital records 0 18. CAUSE OF DEATH (Enter only one cause per ine for (e), ,b,, end (c).) physician. þ PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) **burial-transit** DUE TO affending been Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate 38 USB prior 20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) JD. Po he After this detached 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) While Not While may be retained DIRECTOR: Af Hour a.m. at work at work 21. I certify that (I) (this property) attended the deceased from Mar. 13. ..., 1961, to Mar. 23. ..., 19.61, that (I) (WW) last 20 plnous saw the deceased alive on Mar. 2319.61..., and that death occured at......M, from the causes and on the date stated above. 2:00 A.M. 22a. SIGNATURE ATTENDING MED. STAFF m DIRECTOR PHYS. PHYS. RAL ERAL DHYSIC AN'S 22d. ADDRESS NAME (Type) James W. Haves NAME OF CEMETERY OR CREMATORY . BURIAL, CREMATION, 1 23b 23c. REMOVAL (Specific 0 5 8 VR A15 (4)

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. IS RESIDENCE

YES NO A

19 67

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED

(State)

22b. DATE

SIGNED

12. C TIZEN OF WHAT COUNTRY!

Year

ON A FARM?

Anne Arundel

Days

U.S.

(County)

MARYLAND STATE DEPARTMENT OF HEALTH

Medical Arts Bldg., Severna Park. Md. 23d. LOCATION (City, town or county) REGISTRAR 256 REGISTRAR'S SIGNATURE arthur S. Kraus

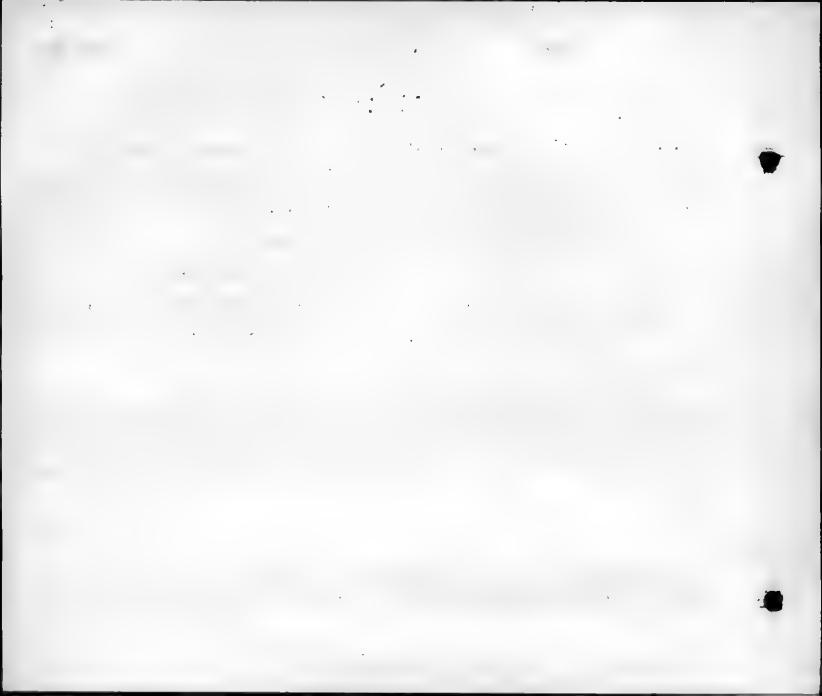


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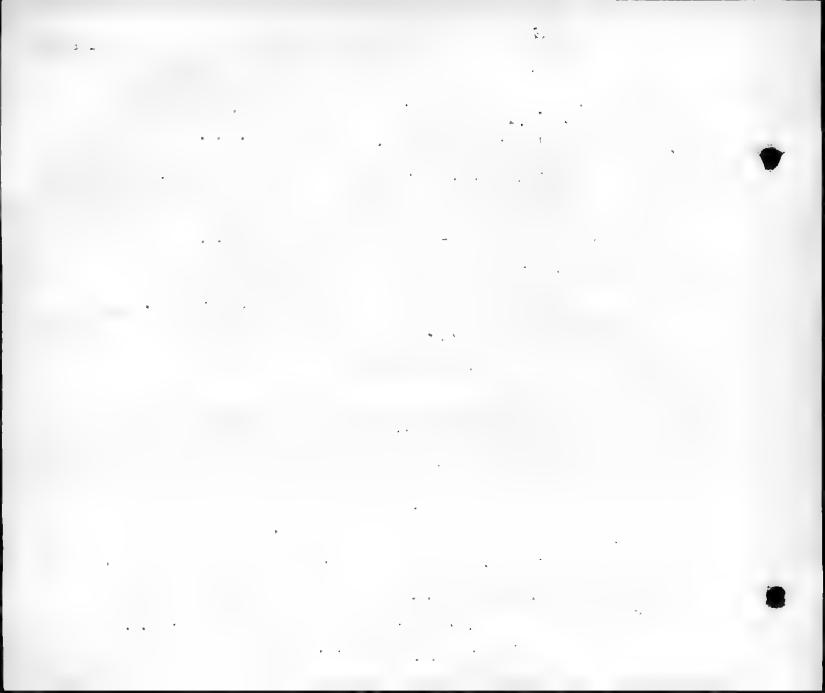
		2664		CEKTIFI	CAIL	OF D	CAIN				0264	6_
1. PLACE OF DEATH o. COUNTY						2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss a					before admiss ar	i)
8. 00		E ARUNDEL		MARYLAND		o. STATE	IARYL A	ND	b. COUNTY		_	V
b. CIT	Y OR TOWN (IF	outside carparate limi	ts, write	c LENGTH OF STAY II	N 1b	c CITY QR 1	OWN (If o	utside corpora	ite limits, write f	URAL and giv	re nearest town)	
	GOO G.			1 hr 7 M	n .	E	altim	ore		3 V	11 -4	
d NA	ME OF HOSPITA	L (If not in haspital, g	ive street			d. STREET A	DDRESS				e IS RESID	
	Army H	ospital.Ft	Gen	G. Meade Ma		2	nnn m	fount R	Ovel To:	rrace	YES 1	
3 NAME	OF	Fir		Middle		las		4. DATE	Mar		Day Yes	
	ASED or print)					ROSS	5	OF DEATH	Marc	ch 20) 19	61
5 SEX		6 COLOR OR RACE	1	RIED NEVER MARRIE	. [18]	ATE OF BIRTI		_	. AGE (In years last birthday)		YEAR IF UNDER	24 HRS Min.
Male		Negro	WIDOW			March			уп		i	7_
10a. USL durir	Al OCCUPATION ng most of work	N (Give kind of work in ng life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTRY	2.7			ntry)		N OF WHAT CO	UNTRY?
	N/A			N/A			rylan			US	SA	
13. FATHE	ER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME				
Ja	mes Ros	3				Delor	es El	izabet	h Harvey	7		
15 WAS (Yes, no, or	DECEASED EVER	IN U. S, ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 INFO	RMANT			Add	ress		
N		N/A		N/A	Jan	nes Ros	s, 20	00 Mou	nt Roya]	LTerra	ce,Balte	o, Md
18.	CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c).							INTERVAL BETY	VEEN
	PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (o	Hen	eperitoneum	; sub	capsul	ar hei	motomas	s of liv	er	Unknowi	AIH A
115	フな	M DUE TO		-								
Co	nditions, if on	y, which)	,									
gov	ve rise to im	mediate (
	se (a), stating t ig cause last.	he under-										
Z	PART II. OTHI		,	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WAS AU	JTOPSY
lğ b	etechia	l pleural a	surfa	ces of lung	s and	peric	ardiw	m			PERFORA YES X	
				CRIBE HOW INJURY OC					II of item 18.)	-		
U (IF E	ONTRIBUTING THER, NOTIFY	LI CAUSE OF DEATH MEDICAL EXAMINER)										
₹ 20c.		Month, Doy, Ye	or 20d, !	NJURY OCCURRED		OF INJURY			or fown)	(Co	onty)	(Stole)
WEDICAL	Hour a.m.	19	While at wor		factory	r, street, office	bldg., etc.	.)				
-		an alt in the			la	- 00		4 .	Maria Ara	20/1	d . m .	
				ded the deceosed f						•		
	SIGNATURE ,	a alive on NOT	- 20 -, -	19_6J, ond 1	that dea	th occurred	d at	.M, from t	he couses_ar	nd an the		DATE
	order (hola Z	. //	ichhe	>	ATTENDIN	G _W ME	ED.	STAFF PHYS	Monah	20,1961	SIGNED
22c.	PHYSICIAN'S	1000	-	10-0120	M,D	22d. ADDRI	-	KECTOR []	PHYS [PRATGR	20,1701	
	NAME (Type! /	OHN Z. FIG	HTME	R,CAPT,MC				A TT GP	FT GEO	G MEA	DE: MD	
72 500									-3			
REM	OVAL (Specify)	23b. DATE THEREC	6/	23c NAME OF CEME	IERY OK C	REMAIORT		Z3d, LQCATI	ON (City, Iown,	or county)	(State)	
24 FUNE	RAL DIRECTOR'S	SIGNATURE		ADDRESS IT	G. 0 6	Meuda	2Sa. REC'I	D BY REGISTR	AR 2Sb REG	STRAR'S SIGN	VATURE	
M	Hinn	Allee.	1	lat a L	28410			2 7 '61	Cutt	w7 8 4/2	and	
	P. J.	11XV/3		,			Falls and					



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2665 Reg. Dist. No. 13870 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARMS YES NO 19 61 31 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12. CITIZEN OF WHAT COUNTRY? IIS A Children's Center, Laurel, Md. INTERVAL BETWEEN Several days PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT (County) (Stote) __.that I last saw the deceased and that death accurred at 11 p.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) Children's Center, Laurel, Md. 22d. LOCATION (City, lown, or county) (Stote) Washington, D.C. 24b REGISTRAR'S SIGNATURE

Vother & House



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02645

			2666		CERTIF	ICA	TE OF DEA	TH			U	MUTU
		PLACE OF DEATH	Arunael		MARY	LAND	2. USUAL RESIDENCE OF STATE	E (Where dece	osed lived If in b, COU	STITUTION: F	Residence befo	are admission)
	ŀ	RURAL and give ne	outside corporate limi orest lown) Burnie	ts, write c.	LENGTH OF STAY		City or town		orporote limits, w	rite RURA	i, and give ne	arest town)
		OR INSTITUTION	AL (If not in hospital, of Mornings		dress)		d STREET ADDRI		ngside	Driv	ve e	IS RESIDENCE ON A FARM? YES NO
	- (NAME OF DECEASED (Type or print)	Emma	st	Middle		kenberge	1. DATOF DEA		Month arch	1 20	
	5 5	F	6. COLOR OR RACE	WIDOWED	DIVORCE	D 🗆	Jan. 18	-	9 AGE (In) Past birtho	ioy) Me	under 1 YEAR onths Days	Hours Min
		Housew:	N (Give kind of work ing life, even if retired IC	dane 10b KII	ND OF BUSINESS C	R INDUS	Germa	ny	gn country)		12, CITIZEN O	F WHAT COUNTR
)		Johar		nrad	Roth			rothes	a Gre	,	Klej	n
	1S (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16 SO	CIAL SECURITY NO	17 IN	FORMANT			Address		
		Conditions, if or gove rise to it cause (a), stating lying cause lost.	n mediote	H	perteur	Mu	e Cardi	o-Ver	culer	KU	lar	ERVAL BETWEEN SET AND TRATH
N.	CERTIFICATION		ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				NOT RELATED TO THE				IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO [
	MEDICAL CI		MEDICAL EXAMINER) Y Month, Day, Ye 19	ar 20d INJE While at work [JRY OCCURRED Not while at work		CE OF INJURY (Home tory, street, office bld		(City or town)		(County	(Sto
		saw the deceas	t (I) (this haspita ed alive an 3:	l) attended	,		2-20 eath accurred at	3 .0	om the cause			hat (I) (we) lo e stated abav
1		22c. PHYSICIAN'S NAME (Type)	C. R. M	dd /	<i>M/O</i> ald, M.		AD. ATTENDING PHYS 22d. ADDRESS 204		□ Mghy,	SW,	3: Glen	20-6/ Burnie
	23o	BURIAL, CREMATIO REMOVAL (Specify)	3/44/6	_	23c NAME OF CEM		Cemetery		CATION (City, 1	Orn	NT -	(Stote)
		FUNERAL DIRECTOR:	s SIGNATURE	firkley, G	Aporess 19n Bur:	nie,	1 "	REC'D BY RE	GISTRAR 2Sb	REGISTR/	R'S SIGNATO	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, id 2 should be fired-with may treat on the hospital or attending physician.

DEUN:

DIRECTOR: After this certificate has been signed by the attending physician and campletely finiting page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO FUN

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased ligad. If institution acidence balore admission COUNTY Health, b. COUNTY files b. CITY OR TOWN (It outside e. LENGTH OF STAY IN 18 c. CITY OR TOWN (If guistide corporate limits, write RURAL and give nearest town) YOUR ġ OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE Boor ON A FARM? YES NO 🖸 NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH 1961 5. SEX MARRIED | NEVER MARRIED BY B DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HES Months Days Heurs WIDOWED [DIVORCED JAL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? 5 ARMED FORCES? 16 SOCIAL SECURITY NO yes, give war or dates al service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise la immediale couse DUE TO (o), stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPS PERFORMED? NO D 20a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) White Not white Joctory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Doy, Year (County) (State) A.ACO at work of work 23. I certify that I took charge of the remains described above, held an Autopsy Inspection 🖊 Inquiry and in my opinian death revolted from: Natural causes . Accident . Suicide] Homicide ... Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER TO 270 BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City, town, or county) (State) 24o, REC'D BY REGISTRAR ATSAAF DATE

1 4) Mr Arthur 1 v. 1" Ju denden : .)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 2668 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY COUNTY MARYLAND the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 (If outside corporate timits, write RURAL and give negres) town) CITY OF TOWN RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DATE OF DEATH NAME OF First Middle Month DECEASED Fille Pages death. (Type or print) SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED T NEVER MARRIED T campletely lost birthdoy) Months Doys pfter DIVORCED [7] yrs. papers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, dyrung most of working life, even if relired) RIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? EWIF puo pou 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 17 INFORMANT attending IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY: DUE TO ģ Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underbeen si lying couse lost. Z PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? CERTIFICAT YES NO I 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (Stote) (County) factory, street, office bldg , etc.) Hour o.m. While Not while DIRECTOR: After this of work of work o. m 21. 1 certify that (1) (this haspital) attended the deceased fram 27 hum 19_6___, that (I) (we) last 196/, and that death accurred ab! saw the deceased alive and/ P.M. from the causes and on the date stated above. 220 SUGNATURE 22b DATE SIGNED ATTENDING PHYS MED STAFF PHYS. DIRECTOR _ M D 80 224 PHYSICIAN'S 22d. ADDRESS should NAME (Type) O HOSPIT page 3 sh the State TO FUN. 23a. BURIAL CREMATION. OR CREMATORY LOCATION (City, town (State) or county) , REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) DATE APR 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH & 2d. film Gc84 4/12/61 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY e. STATE **6. COUNTY** MARYLAND b. CITY OR TOWN (if outs de corporate limits, by t and deat c. LENGTH O TAY N 16 c. CITY OR TOWN (If outside corporete | mits, write RURAL and give nearest town) write RURAL and give neerest jown) years urnia Lew MOWNS UI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, d STREET ADDRESS e. IS RESIDENCE net eddress! ON A FARM? Solley P.O. YES NO NAME OF Middle DATE Month DECEASED OF comp (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED J. B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months Hours WIDOWED DIVORCED VIS. physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гатом 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stells, or fore gn country) done during most of working life, even if raticad) 10 any 13. FATHER'S NAME ding pl .5 and affend DECEASED EVER IN U.S. ARMED FORCES? Then 16 SOC AL SECURITY NO., 17. INFORMAN Address (Yes, no, or únkown) | (If yes give war or dates of service) IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which geve rise lo immediate cause DUE TO (a), stating the underlying ceuse lest. ATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY ø PERFORMED? NO G 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db DESCR BE HOW INJURY OCCURED, (Enter nature of neury in Pert I or Pert I of tem 18) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Month, Dey, Yeer tectory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m. CIOR 2 21. ... 1961, that (1) (we) last 1966 10 ... 31 saw the deceased alive on... DATE 22a. SIGNATURE ATTENDING S GNED PHYS. DIRECTOR PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Crownsville Md. 23c. MAME OF CEMETERY OR CREMATORY LOCATION (City town or county) 23e. BURIAL, CREMATION (State) ÷ 5 8 0 250. REC'D BY REGISTRAR 25b. REGISTRAR'S ADDRESS. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 15M 9/S5

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	1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

670	CERTIFICATE OF	F DEATH
V V V		

Reg. Dist. No. 2649

	_													
	o. COUNTY Anne Arundel MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				11/	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
		Annapoli	A read a read and a second	ve street	life resi	dent	d. STREET A					1	. IS RES	DENICE
/		OR INSTITUTION USNH	Annapoli				₹ 305 Ca		venue			°	ON A	FARM?
		NAME OF DECEASED (Type or print)	Fir Maggie		Middle stelle		LINGS	it	4. DATE OF DEATH	4-	arch	26		961
	5. S	Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI		8. DATE OF BIRTI			9. AGE (In years lost birthday) 71 yrs	Months	1 YEAR I	F UNDE Haurs	R 24 HRS Min.
	10a	USUAL OCCUPATION during most of work House Wi	N (Give kind of work of ing life, even if retired 16	Sane 10b.	KIND OF BUSINESS O	R INDUS		ACE (Stole o	ar fareign c	ountry)		zen of		COUNTRY?
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		Jose	ph Tucker	(N)			Emily	Owen	Howes					
/			R IN U. S. ARMED FOR		social security no unknown	17, 11	NEORMANT New Hor	ner!	Daw	son Ad	ires M.	rye	0 17	Net .
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Bronchpneumonia, Bilateral 12 Hrs													
		Canditions, if a	DUE TO	Br	onchiectas	is.	Emphysen	na				10	year	rs
		gave rise to in catse (a), stating (lying cause last.	nmediate (Dus To	Ch	ronic Bron					e weekinde		20 years		
	CATION		er significant con osclerotic	_		ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	' '	PERFO	NO A
	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY O	CCURRE). (Enter nature a	of injury in f	ort I or Par	t (I of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Day, Yei	While	NJURY OCCURRED Not white		ACE OF INJURY (stary, street, office			ar town)	(0	aunty)		(State)
		actual signature	of I attended the March CKEENE L	, 12_	61,, and that		occurred at	.05204	_M, from	n the causes treet, city ar town	and an th	ie dati	state DA	
Dr.	1		3-29-		22c. NAME OF CEM	21		An An		IS Mary HON (City, town,		(State	20
	23.	FUNERAL DIRECTOR'	s SIGNATURE WY-	Cano	ADDRESS	bole	: md	240. REC'U		724b. REG	ISTRAR'S SIG	2 4		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2671 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. Anne Arundel MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis 31 days RURAL - Annapolis Pages d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d STREET ADDRESS Anne Arundel General Hospital Bay Drive - Bay Ridge J. NAME OF M ddla The State OF pa сошо (Type or print) DERICK DEATH Richard March G withi 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR carbon 8. DATE OF BIRTH last birthday) Months and Male WIDOWED | D. YORCED December event, physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired! U.S. Navv Marvland Engineer 13. FATHER'S NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOC AL SECURITY NO (Yes, no, or unkown) (Ifyes g vawarordates of service) MARY K STEELE 18. CAUSE OF DEATH [Entar only one cause per I ne for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: attending physic nas been signed to burial-fransit per IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY 0 £ CERTIFICATION certifical 20a ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part It of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) _Not While While at work at work may be retaine DIRECTOR: 21. I certify that (1) (MDChassial) attended the deceased from Feb. 10,, 1961 to Mar. 13,, 1961, that (1) ODD last 10:00 A.M. 22a SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) John L. Hedeman Cathedral St., Annapolis, Md. 238. BURIAL, CREMATION, 235. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. AOCATION (City, lown or county) REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE MAR 1 5 '61

MARYLAND STATE DEPARTMENT OF HEALTH

Anne Arundel

e. IS RESIDENCE ON A FARM?

YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO F

(State)

22b. DATE

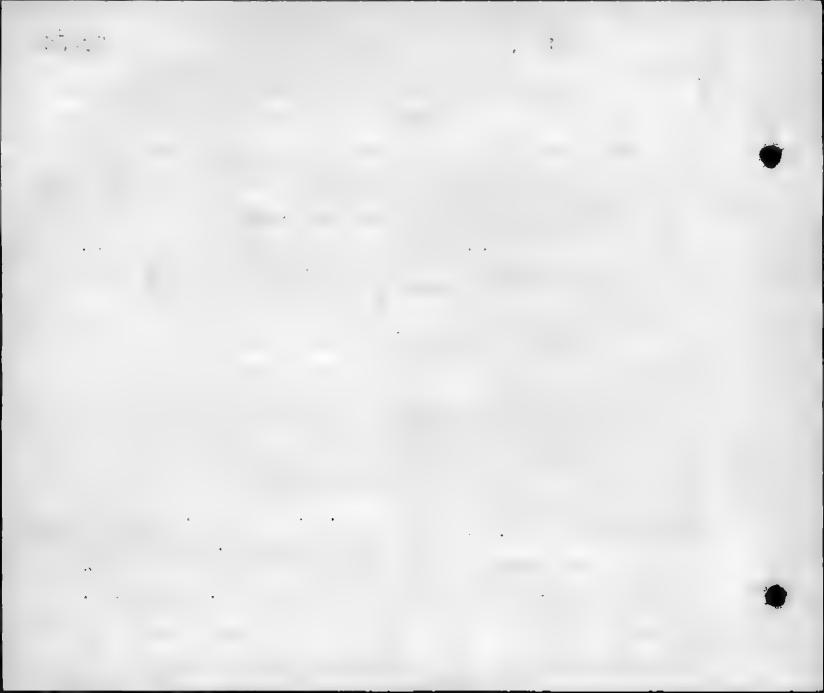
SIGNED

1 12. CITIZEN OF WHAT COUNTRY?

U.S.

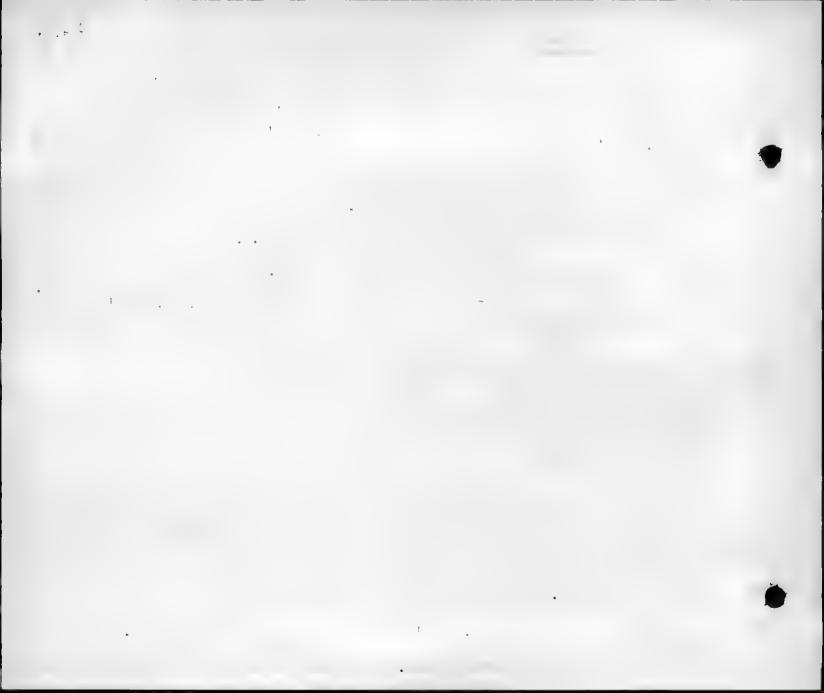
Days

(County)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. ()2651							
ived. If institution, Residence b. COUNTY							
Anne Aru							
le limits, write RURAL and g	eve nearest town)						
	e. IS RESIDENCE ON A FARM?						
ory et	YES NO Y						
Month	Day Year						
MARCH 28,	19 61						
AGE (In years lost birthday) Months Months	YEAR IF UNDER 24 HRS Doys Hours Min.						
	ZEN OF WHAT COUNTRY?						
	USA						
t							
Address Anna	apolis, Md.						
	's Church						
	INTERVAL BETWEEN ONSET AND DEATH						
	17						
ONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO 2						
of item 18.)	1 10 10 10						
town) (Co	ounty) (State)						
1961, that I last saw the deceased							
the causes and an the date stated above. the city or town, state) PATE SIGNED							
2-0	Shedi 1						
	ATT-19-1						
nd							
N (City, town, or county)	(State)						
napolis. Md.							
R 24b. REGISTRAR'S SIGI	S. Thomas						



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02652

2673 CERTIFICATE OF DEATH	Gener
1 PLACE OF DEATH a. COUNTY	before admission) TUNCE
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 1	
d. NAME OF HOSPITAL (If not in hospital, give placed address) OR INSTITUTION 29 FT INK/IN St.	* IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) 119/11/32 M. Toll Last 4. DATE OF DEATH Manth DEATH MATCH	Day Year / 196/
Female White WIDOWED DIVORCED February 2, 1870 loss birthday 1 yrs. Months D	YEAR IF UNDER 24 HRS lays Hours Min.
Housewife Coun Home Mary and	SA)
13. FATHER'S NAME JAMES M. MILLOUTHE 14. MOTHER'S MAIDEN NAME JATTIET DASHIELL Address Address	
[Tex. on printingum] [If yes, give were or dates of service) - Milton L. Tull # 2	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	ONSET AND DEATH
Conditions, if ony, which gave rise to immediate (b) Ottompolewhi - Carder Vascular Dexar	4415.
couse (a), stating the <u>under-lying</u> DUE TO lying cause last. (c)	1/-1 10 M/AC ALITOREY
5 Frastice Ville realet 1 Sep-	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) FOLLOWN Soft, (1959)	154.4.1
20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED Hour a. m. While Not while at work at work 1919 at work 1919 at work	e Red
21. I certify that (I) (this has pixel) attended the deceased from. 1945 to 1946, 1961 saw the deceased alive on 1961, and that death accurred at 510M, from the causes and an the	
22a S GDATURE) M.D. ATTENDING MED DIRECTOR STAFF PHYS	22b. DATE 3/3/61
22c. PHYSICIAN'S NAME (Type) Al bert L. Anderson 44 Southgate A.e., Annapolis,	Md.
230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d 10 EATION (City, town, or county) PREMOVAL (Specify) Max 4-1956 Monoku Prestylerian Prencess Curre	e Ma
24 FUNERAL DIRECTOR'S SIGNAFORE LAS CONSTRUCTION OF THE MARK 6 '61 Chilury 2. 1	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
78 CERTIFICATE OF DEATH

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ħ.	2000				14008				
}	PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Where o. STATE Maryland	L COLINITY	Anne Arundel				
-	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow						
	Glen Burnie	yrs.	∵∕Glen Burnie						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	303 Balto-Annap. Blvd.,	Ferndale	303 Balto-Ann	ap. 81 0 d., F	erndale YES NO X				
	3. NAME OF First DECEASED (Type or print) MARY	Middle	VISKOCIL 4	DATE Month OF DEATH MORCH	- "				
	5 SEX 6. COLOR OR RACE 7 MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	77 77 77 77 77 77	IF UNDER TYEAR IF UNDER 24 HRS				
	Female White WIDOWE	ED DIVORCED 2	rd.Feb. 1875	last birthday) 86 yrs	Months Days Hours Min				
_	Jobs. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	housework (ret.)	oon Home	Czeckoslov	akia	U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.					
	(unknown) Bel		Ann	na (uhknown)					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [[If yes, give wor or dotes of service]	SOCIAL SECURITY NO. 17 IN	FORMANT	Addre	955				
	no ////////	none Mr	, George Visk	ocil Fernda	le, Glen Burnie,				
	1B. CAUSE OF DEATH [Enter only one cause per lin	ne far (0), (b) and (c).	0.8		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY CYLEWIAY TIGHTER TO THE TOTAL THE TOTAL TO THE TOTAL TH								
	DUE TO								
	Conditions, if ony, which (b)								
	gove rise to immediate cause (a), stating the under-								
	lying cause last.) (c)	CALLED TO BUT TO BUT		- District Colleges of Alle	THE PART IS A SEASON OF THE PART OF THE PA				
	PART IF OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	IT DIZEASE CONDITION GIVE	PERFORMED?				
	□ OR CONTRIBUTING □ CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in Par	t I or Port II of item 18.)					
	To Hour o. m. While	4	ACE OF INJURY (Home, form,) lory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)				
		k at work							
	21 I certify that (I) (this haspital) attend				, 196/_, that (i) (we) last				
	saw the deceased alive an FRU Z	219 <u>6.1.</u> and that d	eath accurred at 2 M	, from the causes and	d an the date stated above				
	220. SIGNATORE	Engli	M.D. ATTENDING MED DIREC	STAFF CTOR PHYS	22b, DATE SIGNED				
	22c PHYSICIAN'S	141	22d. ADDRESS	111	', ,				
	C. K. MacBonald, M.	D.	dollis Bu	1 56624 - + + 4 E	billief				
	23g BURIAL, CREMAT ON, 23b. DATE THEREOF	23c NAME OF CEMETERY OF		3d LOCATION (City, town, or	r county) (State)				
	Buriel 3rd. March 61	1 Bohemian Na	ational Cem.	Baltimore,	Maryland				
	24 FUNERAL DIRECTOR'S S GNATURE	ADDRESS			TRAR'S SIGNATURE				
	1 manger	Glen Burnie	Mcl. DATMAR 6	6 '61 and	ur S. Kraus				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after led in by the funeral death. To FU. IL DIRECTOR: After this certificate has been signed by the attending physician and compled the but to FU. IL DIRECTOR: After this certificate has been signed by the attending physician and compledirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death R. S. VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2674 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institutions Residence before edmission)
MARYLAND	6. STATE DISTO B. COUNTY () ()
b. CITY OR TOWN (if outs de corporete imits, c. LENGTH OF STAY N 16	c, CITY OR JOWN (ILouis, de corporete limits, write RURAL end g've neerest town)
write RUKAL and give neerest town)	1 / / / / / / / / / / / / / / / / / / /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDRESS?
On the de restrict or institution (if not in nospital, give street edgress)	ON A FARM?
Manor House	1 211 SCOU DIVER YES NO X
3. NAME OF First Middle	4. DATE Month Dey Year
(Type or prini) Harles (1991 Sett	"h)asa DEATH 3 - 22 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Temale White WIDOWED DIVORCED TO	Oct 21-187/ 89 yrs. Months Days Hours Min.
100. USUAL OCCUPATION IG Ve kind of work 106. KIND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (County & State or loreign country) 12. C.TIZEN OF WHAT COUNTRY?
done during most of working life even if retired)	Croun (HM4)/ S.A
13. EATHER'S NAME	14. MQTHER'S MA DEN NAME
Jamas Kurson Cashott	60 0 TI Bannott
15. WAS DECLASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	ENFORMANT Address
(Yes, no, or unkown) (livesglvewerordetesolservice)	a Oalah (2)
The assessment of the second o	terman O. Nerner &
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I DEATH WAS CAUSED BY-	ONSET AND DEATH
MMED ATE CAUSE (6) CEREB KAL	THROMBOSIS & 4 HOURS
S S X DUE TO	
Conditions, if eny, which (b) CEREBRAL 1	ARTERIOSCIEROSIS 5 YEAKS
geve rise to immediate cause {e}, stating the underlying DUE TO	
couse lest,	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NO PART OF THE CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NO PART OF THE CAUSE OF	PERFORMED? YES NO EX
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURES), (Enter neture of injury in Part I or Part II of item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
	CE OF INJURY (Home, ferm, 2Df. (City or lown) (County) (Stete)
Mile Not While Not While	lory, street, office bldg., etc.)
	1956 to 22 MAR, 1961, that (1) (De) last
saw the deceased alive on2.3MAR19 Co.L., and that	death occured a 1/3.07M, from the causes and on the date stated above.
220 AGNOTURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Millary Species	A.D. PHYS P DIRECTOR PHYS. 1
NAME (Type) Today C Dools	22d. ADDRESS
Edward S. Beck	71 Franklin St., Annapolis, Md.
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (Spig)
Burnal 3-25-1961 Woodland	's Cemeley Cambridge 11. 7.
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE
John M. Taylor Suns Amapa	Car Mar DATE MAR 27'61 Ciring S. Kroun
	The state of the s



TO HOSTILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be lined by the haspital an attending physician.

TO FUN DIRECTOR: After this certificate has been signed by the attending physician and completely filled, by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death TO FUN

VR A15 (4) 15M 9/59 API,

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

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		L SIMIISHICME KESEMUCH MIAD	KECOKD3	- DALII
267	5	CERTIFICATE	OF D	EATH

1.	PLACE OF DEATH a. COUNTY	AA		MARYL	AND	2. USUAL RESID	20.00	yland	d lived If institute b. COUNTY	an. Residence	e befare à	dmissian	
	E CITY OR TOWN (IF RURAL and give new Bro	autside carporate limi arest tawn) OKLYN	ts, write	c. LENGTH OF STAY II	v 16	CITY OR 1	Brool		orate limits, write R	URAL and g	ive nearest	tawn)	
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g 300 Riv			1 000 Pa 0						RESIDE	RM?	
3.	NAME OF DECEASED	Fir	st	Middle		Los		4. DATE OF	Mor	nth	Day	Yea	F
	(Type or print)		nne	Marie		Wehl		DEATH		1	9	19	61
5.	SEX F	6 COLOR OR RACE	7- MARRI WIDOWE	D DIVORCED		Dec.	6, :	1914	9. AGE (In years last b chaay) 40 yrs.		Days H	OUTS	Min.
	100 USUA. OCCUPATION (Give kind of wark dane during most of warking life, even if retired) HOUSEWIFE 14 MOTHER'S NAME 15 USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) 16 USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) 17 USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) 18 Alto-Mde												
13.	FATHER'S NAME												
_	_	rick V. Sc			Y	-	M. Di	ıll					
15. (Ye	s, no, or unknown) [{	IN U.S. ARMED FOR If yes, give wer or dates of s	CES? 16, !	SOCIAL SECURITY NO.	17 IN	FORMANT			Add				
_	No				<u> </u>	Family			, i	Same	Livenson		
		TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	. 1)	e far (a), (b), and (c)]	1	(ellita	JS .	^			ONSET	AL BETW AND DE	
	Conditions, if aby, which (b) Attempolar (C. U. D. Condition Tallette 2 years) gave rise to immediate												
	couse (a), stating the under DUE TO UCMEA - KIMMP15+PP1-UIISON - 3 minus												
CERT.FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO												
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED). (Enter nature a	f injury in	Part I ar Pa	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Have a.m. p. m.	Manth, Day, Ye	or 20d. IN While at wark	Nat while	t0e, PLA fac	ICE OF INJURY II	Hame, form bldg., etc	n, 20f. (Cit	y ar tawn)	{C	auniyj		(State)
	21 I certify that		l) attend (13.c)	ed the deceased f		eath accurred	Car	LC, to	the causes ar	1, 190		(I) (we	
	220 GNATURE	Jul.	1 416	Last.		ATTENDING	3 _ /M	ED IRECTOR	STAFF PHYS.	ig dir the	ddie 3n	22b, D	
	22c. PHYSICIAN'S NAME (Type)	PAUL	Sc	Mertell	· · ·	272d, ADDRE	55	<u>A11</u>	Neorgi	s/d-	-3	10	61
23	BURIAL, CREMATION	N. 236. DATE THEREC)F	23c NAME OF CEMET	ERY OF	R CREMATORY		23d. LOCA	TION (City tawn,	ar caunty)		(State)	
_	<u> </u>	3/13/6:	L		oss	Cem.			rooklym,				
24.	FUNERAL DIRECTOR'S			ADDRESS		1100		D BY REGIS		STRAR'S SIG			
	MCCULLY FT	meral nome	32 13	E. Fort A	ve.	#30	DATMA	R 1 3 '6	· Civ	Church S. 1	Mailes		



MARYLAND	STATE DEPAI	RTMENT OF	HEALTH-	BALTIMORE,	18
rem 9 r	11m G204	4/4/01	iwk		

L		2676	7 *	CERTIF	CAT	E OF DEATH	4		Reg. Di	st. No.()	265	55
1.	PLACE OF DEATH o. COUNTY Anne	Arundle		MARYLA	II.	USUAL RESIDENCE (WHO a. STATE	ere decease	ed lived. If institution b. COUNTY				
Γ	b. CITY OR TOWN (F	5 outside corporate limits,	write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If a	autside corp	orate limits, write R	URAL and	giva neares	lawn)	
L	Je.su					630 Arlin	gton	Ave.	No. of	3		1
	d. NAME OF HOSPIT OR INSTITUTION Md. House	At (If not in hospital, give of Correct				d. STREET ADDRESS Baltimore	Mai	vland			S RESIDE	RM?
3.	NAME OF DECEASED	First		Middle		Lest	4. DATE	Mon	th	Day	Year	r
	(Type or print)	Samuel		L.	V	Jernick	OF DEATH	March	1	26	19	61
5.	sex Male		- MARS	IED NEVER MARRIED DIVORCED		uly 12, 19	05	9. AGE (In years last birthday)	Months	Days H		Min.
10	during most of work Machine	ON (Give kind of work doi ung life, even if retired) Shop	ne 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stole Unkno	-		12. CI1	Amer		DUNTRY
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					
_	Simon V	Vernick				Sira (Ma	iden	name unk	nown) Wer	nick	2
16	Denies	R IN U. S. ARMED FORCE (It yes, give war or dates of servi	ice)		17. INFO	Fospeta	2 9	Addi	en da	/		
		TH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	per lin	e for (a). (b). and (c).	ne	Heart	- 1	ailu	ie,	INTERV/ ONSET	AL BETWI	EEN ATH
ı	170	DUE TO	Ci	typica	ماره.	nother 1	ge	utle	2200	nee		
	Conditions, if an					· ·						
	cause (a), stating the lying cause lost.											
Įz												
ICATION									EN IN TAK	P	ERFORME S N	ED?
CERTIFI	OR CONTRIBUTING	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature of injury in f	Part I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. p. p. m.	Y Month, Day, Year 19	20d. IN While at work	Not while	e. PLACE factory	OF INJURY (Home, farm, street, office bldg., etc.	. 20f. (Cit)	y or tawn)	(4	County)		(State)
	21. I certify the	at I attended the d	ecease			., 19 61, 10 3/2. curred at /0 /						

ACTUAL SIGNATURE

Domingo Sorongan Baltimore

PURIAL, CREMATION, REMOVAL (Specify) 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION City, town, or county) > (State)

24a. REC'D BY REGISTRAR MAR 2 9 '61

24b. REGISTRAR'S SIGNATURE



LAND STATE DEPARTMENT OF HEALTH

DITISION OF	SIMILISHENE VESENVELL MIAN	MECOKDS - DAL
2677	CERTIFICATE	OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS A IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 8. DATE OF BIRTH last birthdoy) Months Doys DIVORCED WIDOWED. yes. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during make of working life, even it retired) TOUSE TOME 13. FATHER'S NAME 14. MOTHER'S 17. INFORMANT ARMED FORCES? 16. SOCIAL SECURITY NO yes, give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Dreweles derio IMMEDIATE CAUSE (o DUE TO Conditions, if only which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or lown) (Stole) Doy, Year (County) factory, street office bldg., etc.) Hour a.m. While Nor while ol wark at wark 19_91_, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. , and that death accurred at 2 h M, from the causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHURCH G-ENMO HOUNAPOZIS BURIAL GREMATION 23b. DATE THEREOF OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 25b. REGISTRAR'S SIGNATURE JAIERAL OHRECTOR'S ADDRESS 250. REC'D BY REGISTRAN Orthur S. Kraves DAMAR 6

il directar, filed with after death. Page funeral þe pluchs hours filled executed within 24 Pages death. completely after papers. puo physicion remove attending ā the puo þ 'emaval, has been signed by trial-transit permit. burial-transit affending physicion crematian, certificate ne L 0 0.56 ned by the haspital o 0 detached for of 0 pino pmge 3 sh the State TO FUNER (7) VR A15 (4) 1SM 9/59

TENDER - TENDE \$0 se Harris St. Paris Comment of the State of the BROW MARKET WAS A LOUIS -12 132 J. Bullet T-541

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2679 CERTIFICATE OF DEATH

ESIDENCE (Where decesed fived, If Institutions Residence before edmission b. COUNTY)

a. COUNTY				2. USUAL RESIDENCE (Where decessed fived, if institutions Residence before edmission) a. STATE Bartimore City					
Anne Arun	del		MARYLAND						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Crownsville 5mos. 48 days			Baltimor	e 51	101	-4		
	TAL OR INSTITUTION (if	not in hospi	ital, give street addrass)	d. STREET ADDRESS				A FARM?	
Crownsvill	le State Hosp	nital		1718 Lle	wellyn Avenue		-	NO 17	
3. NAME OF	First	hr our	Middle	Last	4. DATE Mon	h	Day Yes	17	
(Type or print)	Will	liam		Young	OF DEATH 3		14 19	61	
5. SEX	6. COLOR OR RACE 7	, MARRIED	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years			R 24 HRS.	
Male		WIDOWED		January 27.	1904 last birthday)	Months Da	ays Hours	Min.	
ADA. USUAL OCCUPAT	ION (Giva kind of work	10b, KIN	D OF BUSINESS OR INDUSTR		-/-	1 12. CITIZ	EN OF WHAT	COUNTRY	
	rking lifa, aven if retirad)			Maryland		TT	S.A.		
Laborer 13. FATHER'S NAME		-		14. MOTHER'S MAIDEN	NAME		400444		
Daniel				Ella ?					
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO. 17. 1		Addres	3			
(Yes, no, or unkown) (Inknown	fyas giva war or datas of serv	vica)		Hospital Rec	orda				
	EATH Enlar only one ca		1 1//	nospital nec	01.42		I INTERVAL BE	TWEEN	
PART I. DEAT	PART I. DEATH WAS CAUSED BY: Status Englantions								
4 1	inmediate choice (e)								
0 7	Conditions, if any, which (b) Meningo-Vascular Syphilis								
	Conditions, if any, which gave risa to Immadiata cause								
	(a), stating the underlying DUE TO								
cause last.	(c)_	ONS CONT	RIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN DART 1	(w) 19 WAS	ALITOPSY	
O Channel							PERF	ORMED?	
o chronic	Chronic Brain Syndrome Associated with CNS Syphilis & Convulsive Disorders No 🗵								
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	KIBE HOW INJURY OCCURED	(Enfer natura of injury in	raft or raft of item B.)				
20c. TIME OF INJU	IRY Month, Day, Year	20d. It		CE OF INJURY (Homa, farmory, street, office bldg., atc		(Count	y)	(Stata)	
- Print	p.m. 19 al work _ m wark _ model _ mod								
21. I certify t	hat (I) (this hospital	l) attend	ed the deceased from	7/26		196			
saw the deceas	sed alive on3/3	14	1961, and that	death occured at	P.a.M., from the causes	and on the	e date state	d above.	
224 SIGNATURE	.010 .01	0		ATTENDING	MED. STAFF		22	b. DATE SIGNED.	
theappe	erolleau t	e/m	м	D. PHYS.	DIRECTOR PHYS.			3/15/	
22c. PHYSICIAN'S				22d. ADDRESS					
THE STATE OF THE S	ildegarde H.	Reis	ssman, M. D.	Crownsvi	lle State Hos	oital,	Marylan	d	
23a. BURIAL, CREMATI REMOVAL (Spacify)	ON, 236. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, N	wn or county)	00	State)	
DUT, AL	13/18/61		MI. LALU	Ary	1 CedAr H	1 11	1/1	7	
24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	25a. RE	C'D BY REGISTRAR 256. RI	GISTRAR'S SI	GNATURE		
6.0. Mil	on	100	00 BrANLLey	TUE DATE MI	AR 2 2 '61 (William & 1	Krous		
-			1					-	

r in the second of the second 6888ts 4 3 1 MARK KILLIAM TO A STREET THE STREET STREET the proposition with the role of the state o AND LINES THE STATE OF THE STAT